REQUEST FOR ACCOMMODATION FORM

ASCC Department of Student Services

Counseling Division

Name: First	Request for Accommodation			
High School / Year Graduated Anticipated year of graduation from ASCC: VA Student VA Student Career Objective(s): Career Objective(s): Career Objective(s): Career Objective(s): Va Student V	Name: First	Last	ASCC ID#	
ASCC: VA Student Circle answer) Yes No Please indicate your disability. Check all that apply In as much detail as possible, describe how the diagnosed condition impacts you as a student and/or in an educational setting. What types of accommodations have been helpful to you in the past?* Have you required any of the following services? NOTE TAKER DOCUMENT CONVERSION OR ALTERNATIVE TEXT (I.E. BRAILLE, ENLARGED TEXT AUDIO FORMAT SIGN LANGUAGE INTERPRETER CAPTIONING/TRANSCRIBING PRIVATE TUTORS PERSONAL CAKE ATTENDANT SERVICE/ASST, ANIMAL Other What types of accommodations and/or services are you requesting at ASCC? Are you a client of the American Samoa Office of Vocational Rehabilitation? Confidentiality Statement The Department of Student Services [DOSS] is responsible for receiving and maintaining personal /disability-related documentation and information for student and the released to anyone including student arrants/guardian/caregiver without the student's written consent or confidentiality release signed by the student.	Cell Phone:	Email:	Address:	
Scholarship Recipient (circle answer) Yes No Please indicate your disability. Check all that apply In as much detail as possible, describe how the diagnosed condition impacts you as a student and/or in an educational setting. What types of accommodations have been helpful to you in the past?* Have you required any of the following services? NOTE TAKERDOCUMENT CONVERSION OR ALTERNATIVE TEXT (I.E. BRAILLE, ENLARGED TEXT AUDIO FORMATSIGN LANGUAGE INTERPRETERCAPTIONING/TRANSCRIBINGPRIVATE TUTORSPRIVATE TUTORS	High School / Year Graduated		Transfer Student	
Yes No No No No No No No No			VA Student	
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