

# CAAS

*Center for Access and Accommodative Services*

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Triton College

2000 Fifth Ave., River Grove, IL 60171

Room A-125

Phone: (708) 456-0300, Ext. 3853, 3854 or 3917, Fax: (708) 456-0991

TTY: (708) 583-3182

## REQUEST FOR ACCOMMODATIONS CONFIDENTIAL DATA FORM

Today's date \_\_\_\_\_ Semester requesting services for \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Initial)

Address \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

\_\_\_\_\_ Personal Email Address

\_\_\_\_\_ Triton College Email Address

\_\_\_\_\_ Gender

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

Name of person who referred you to this center \_\_\_\_\_

The following information is requested so Triton College may demonstrate compliance with federal and state requirement. Ethnic origin (check one)

Asian/Pacific Islander

Hispanic

American Indian/Alaskan Native

White/Non-Hispanic

African American/Non-Hispanic

Other

Are you a military veteran?  Yes  No

## Educational History

Your level of education

- Not a high school graduate
- High school graduate Year \_\_\_\_\_ School \_\_\_\_\_
- GED Year \_\_\_\_\_ School \_\_\_\_\_
- College Year \_\_\_\_\_ School \_\_\_\_\_
- Home schooled Year \_\_\_\_\_
- H.S. Transition Program \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_

Did you receive accommodative services in high school?  Yes  No

Did you receive any of the following: (check all that apply)

- Resource room assistance
- Collaborative classroom
- Social work services
- Self-contained classes \_\_\_\_\_
- ELL or ESL classes
- Mainstream classes, list classes \_\_\_\_\_

Did you receive accommodative services in college?  Yes  No

College name \_\_\_\_\_

What accommodations did you receive at the last school you attended:

- Accommodative testing, describe \_\_\_\_\_
- Note taker or copies of class notes
- Sign language interpreters
- Enlarged text materials/CCTV
- Alternate text materials, describe \_\_\_\_\_
- Reader services, describe \_\_\_\_\_
- Use of assistive technology, describe \_\_\_\_\_

## Disability or Medical Condition

Have you been diagnosed with a medical condition or disability?  Yes  No

Diagnosed date \_\_\_\_\_

Date of last psychological testing for a learning disability \_\_\_\_\_

The medical condition(s) or disability you have been diagnosed with:

- Post-Traumatic Stress Disorder
- Learning disability
- Intellectual disability
- ADHD/ADD
- Autism
- Asperger's Spectrum
- Acquired brain injury, date \_\_\_\_\_
- Deaf/hard of hearing
- Visual Impairment, describe \_\_\_\_\_
- Mobility Impairment, describe \_\_\_\_\_
- Temporary Injury/Illness, describe \_\_\_\_\_
- Mental health, describe \_\_\_\_\_
- Physical disability, describe \_\_\_\_\_
- Medical condition, describe \_\_\_\_\_
- Transplant, implant, shunt, describe \_\_\_\_\_
- Other, describe \_\_\_\_\_

Do you use any of the following:

- Crutches
- Cane
- Walker
- Manual wheelchair
- Electric wheelchair
- Prosthesis, explain \_\_\_\_\_
- Other, describe \_\_\_\_\_
- Shunt
- Cochlear Implant
- Pacemaker
- Vagus Nerve Stimulator (VNS) Devices

Do you have an active case with the following:

- Department of Human Services/Office of Rehabilitation Services
- Veteran's Administration
- Employment Training Services
- Physical/Occupational Therapy
- Transition from high school to college/work program
- Personal counseling with a therapist or psychologist

Case Manager or Counselor's name \_\_\_\_\_ Phone \_\_\_\_\_

Date of last meeting \_\_\_\_\_

How often do you meet with this professional?

Agency name \_\_\_\_\_

Address \_\_\_\_\_

Services you received \_\_\_\_\_

Explain how your medical condition/disability affects you in your daily life and academics.

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List adapted equipment and/or software you have used in the past, i.e., Screen Reading Software (JAWS), Reading Programs (Kurzweil).

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Are you currently undergoing treatment for any additional health-related concerns?  Yes  No

Do you currently wear a medical I.D. or carry medical information with you daily?  Yes  No

Are you interested in sharing your medical information with the campus nurse?  Yes  No

Medications you are taking	Reason	Side effects you experience

## Attending Triton College

Your academic goal is to:

- Non-credit classes for self-enrichment
- GED classes
- ESL classes
- Complete an associates degree
- Take general education classes to transfer to a university
- Complete a college certificate
- Complete certificate from The School of Continuing Education

If you plan to complete a certificate or degree, what will your academic major be?

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Do you plan to attend Triton College as a full or part-time student? \_\_\_\_\_

Have you applied for financial aid? \_\_\_\_\_ Application date \_\_\_\_\_

Have you received a notification of your financial aid award? \_\_\_\_\_

Do you plan on participating in any campus clubs or sports teams? \_\_\_\_\_

List \_\_\_\_\_

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List the type of classes that are easier for you.

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List the type of classes that are more difficult for you.

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What type of transportation will you use to get to school?

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Check the accommodations you have found to be helpful and wish to use at Triton College.

Testing Accommodations

- Extra time on exams
- Test read aloud
- Low distraction room for testing
- Enlarged print
- Use of computer for writing

Alternate text materials, describe \_\_\_\_\_

Note taker

Audio - Record Lectures

Sign language interpreting services

Mobility guide (assistance crossing Fifth Avenue)

Use of assistive technology

Kurzweil Reading software

Zoom

CCTV

Jaws

Zoomtext

Dragon Naturally Speaking

Are you able to accurately fill out the bubble of a scantron sheets?     Yes     No

Other, describe \_\_\_\_\_

During an evacuation of a Building, would you like to have first responders check to see if you have exited?     Yes     No

### Privacy Act

This request for information is necessary in order to properly conduct the program and account for the activities of the CAAS. Failure to supply all requested information may result in a delay of access and/or accommodative services. All records are confidential and retained in secured files. The information in this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Agreement of Services

CAAS will provide the following services for students utilizing its services and abide by the student contract:

- An individual assessment of service needs.
- Training of adaptive hardware and software in the CAAS labs.
- Assistance with coordinating academic accommodations.

## Student Contract

- Complete all recommended assessments offered by the college and CAAS.
- Submit all necessary documentation of my medical condition and/or disability to CAAS.
- Attend a training to activate the services I am requesting to aid me in successfully completing each class I register for.
- Comply with the college rules of conduct.
- Comply with the guidelines of access and academic accommodations as stated in the CAAS student handbook.
- Consider participating in one or more CAAS workshops the first semester receiving services from CAAS and each semester I do not obtain a 2.0 GPA.
- Regularly attend all classes and lab sessions.
- Consider making use of faculty office hours and regularly attend tutoring sessions and supplemental labs to enhance your understanding of class materials.

I agree to abide by the above commitment and understand that violation of any conditions of this agreement as stated in this form will make me subject to suspension from CAAS services and/or other action at the discretion of the Dean of Students and/or CAAS Director.

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Print Name

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Signature

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Date



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