

Triton College Center for Access and Accommodative Services 2000 Fifth Ave., River Grove, IL 60171, Room A-105 Phone: (708) 456-0300, Ext. 3917 Fax: (708) 456-0991 TTY: (708) 583-3182 caas@triton.edu

REQUEST FOR ACCOMMODATIONS CONFIDENTIAL DATA FORM

This form must be submitted to CAAS along with documentation of your disability. Potential documentation includes a high school IEP or 504 plan or documentation of medical condition and/or a disability prepared by a licensed health care professional (psychologist, therapist, social worker, medical doctor, etc.) who is not a family doctor.

Today's date	Semester requesting services for Semester Year		
		Semester	Year
Name			
Last	First	Initial	
Preferred Name		_ Preferred Pronoun	
Address			
City			
Preferred phone ()			
Personal Email Address		Triton College Email Addres	S
Gender: □F □M □Not Spec	ified 🗌 Transger	nder	
Birth date	Age		
Emergency contact person		Relationship	
Phone number			
Name of person who referred yo			
The following information is required and state requirements. E			ance with
Asian/Pacific Islander		🗖 Hispanic	
American Indian/Alaskan Nativ	e	White/Non-Hispanic	
African American/Non-Hispanic	2	Other	

Are you a military veteran?	Yes	□No
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Educational History

Your level of education:

Enlarged text materials/CCTV

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 or college? TYes No What accommodations did you receive at the last school you attended:		
Accommodative testing / Describe:		
Note taker or copies of class notes		
Sign language interpreters		

Alternate text materials / Describe:

Reader services / Describe:_____

Use of assistive technology / Describe:

Learning Difference, Medical Condition or Disability

Have you been diagnosed with a m Diagnosed date	nedical condition or disability? 🗖 Yes 🗖 No
5	or a learning disability
The medical condition(s) or disabili	
Neurodivergent	
Learning disability	
Intellectual disability	
Acquired brain injury / Date:	
	e:
Do you use any of the following:	
Crutches	
🗖 Cane	Shunt
Walker	Cochlear Implant
Manual wheelchair	Pacemaker
 Electric wheelchair Describes 	Vagus Nerve Stimulator (VNS) Devices
Prosthesis / Describe:	
Do you use a mobility aide?	
Do you have an active case with th	e followina:
Department of Human Services/C	-
Veteran's Administration	
	Phone
Low often do you most with this	vrofessional2
	professional?
Services you received	
-	

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

List adapted equipment and/or software you have used in the past, i.e., screen reading software (JAWS), reading programs (Kurzweil).

Are you currently undergoing treatment for any additional health-related concerns? Yes No
Do you currently wear a medical ID or carry medical information with you daily? 🗖 Yes 🗖 No
Are you interested in sharing your medical information with the campus nurse?

Medications you are taking	Reason	Side effects you experience

Attending Triton College

Your academic goal is to:

- Certificate
- Degree
- **GED** Classes
- **SEED** Program
- Undecided
- Dual Credit

If you plan to complete a certificate or degree, what is your area or subject of interest?

List the type of classes that are easier for you.

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

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

Testing	accommodations
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- Extra time on exams
- □ Test read aloud by Kurzweil Reading Software
- □ Low distraction room for testing
- **D** Enlarged print
- □ Use of computer for writing
- □ Use of a calculator

Other / Describe:

Classroom and campus accommodations

🗖 Note taker	
Audio – Record Lectures	
Sign language interpreting services	
Assistance crossing Fifth Avenue	
Alternate text materials / Describe:	
Use of assistive technology	Zoom
Kurzweil Reading software	Jaws
	Dragon Naturally Speaking
Zoomtext	

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

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.

Signature

Date

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.
- Attend a training session on all adaptive equipment I will need.
- Comply with the college rules of conduct.
- Inform CAAS of all class schedule changes and changes of academic goals.
- Establish accommodations by presenting the CAAS card to instructors of the classes where services are needed.
- Renew CAAS accommodations each semester in the CAAS office at the time of registration.
- 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.
- Follow all regulations and policies in the Triton College Student Code of Conduct.

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.

Print name

Signature

Date

