The Disability Services office will review all requests. We are committed to ensuring that all information regarding a student is maintained as confidential. No one has immediate access to the student files at IHCC Disability Services except the Disability Services staff. Any information shall be considered confidential and shared with IHCC personnel on a need-to-know basis or as required or permitted by law.

To file a request for accommodations, follow the steps below.

**Request for Services Checklist**

1. Student should complete the Request for Services form below.
2. Complete the *Release of Confidential Information* form
3. Schedule a meeting with the Disability Services Office to discuss approved accommodations, the accommodation form process, and explain how to have a conversation with instructors.

   Ottumwa Campus
   Pothoven Academic Success Center 101C
   525 Grandview Ave.
   Ottumwa, IA 52501
   Phone: (641) 683-5749

   Centerville Campus
   Administration Building
   721 N. 1st Street
   Centerville, IA 52544
   Phone: (641) 683-5181

   Email: disabilityservices@indianhills.edu

4. An accommodation form will be emailed individually to each instructor. It is the student’s responsibility to discuss their accommodations with the instructor, and how they will be implemented.

5. Following the initial request, students must submit their class schedule to the Disability Services office each term to initiate accommodation forms.

6. The student can contact the Disability Services office at any time if they are having issues implementing or receiving accommodations. Accommodations are not retroactive, therefore, you should contact the Student Disability Services office in a timely manner to ensure coordination.

**Release of Confidential Information Form**

**Section I: Student Information**

Student’s Name: ________________________________

(Last) ________________________________ (First) ________________________________ (Middle Initial) ________________________________

IHCC ID Number (if available): ________________________________

Phone Number: ________________________________

Address: ____________________________________________

City: ________________________________ State: ______ Zip: ______

IHCC Disability Services Request for Services
Indian Hills Community College
Email Address: __________________________________________

Anticipated Start Term: _______ Anticipated/Current Program: _______________________________________

Disability: ________________________________________________

Please describe how the disability limits or affects you as a student:
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

What types of accommodations have you had in the past?
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

Section II: Documentation (to be completed by the appropriate licensed professional)

Documentation is required before requests for accommodations can be finalized. Documentation of the disability by the appropriate licensed professional is required. For documentation, you may wish to contact your Vocational Rehabilitation counselor, physician, psychologist, or other appropriate licensed professionals.

Description of the disability:
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

Description of how the disability affects, limits, or impacts the student:
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

What assessment procedures and/or evaluation instruments were used to make the diagnosis?
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

Will medication impact the student's ability to meet the demands of the postsecondary environment?
☐ Yes  ☐ No  If yes, describe how:
________________________________________________________________________________________________________________________________________________________
Recommended Accomodations:

Please provide a list of appropriate accommodations recommended.
Example: Extended test time (time and a half)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please supply any additional information that may be helpful.

Evaluator’s Name: ________________________ Title: ________________________

License Number: ________________________ Phone Number: ________________________

Address: ________________________________________________________________

Signature: ________________________ Date: ________________________

Indian Hills Community College will make every effort to provide reasonable accommodations in accordance with the Americans with Disabilities Act (ADA). Services provided will not lower any course standards or change any requirements of a particular degree. The services are intended to allow equal access for students with disabilities.