Request for Services Checklist

- Student should complete Section I
- Appropriate licensed professional must complete Sections II and III
- Return "Request for Services" form to IHCC Disability Services
- Contact IHCC Disability Services to schedule an appointment

Ottumwa Campus
Disability Services
Pothoven Academic SUCCESS Center 101C
525 Grandview Ave
Ottumwa, IA 52501
Phone: (641) 683-5749 or
(800) 726-2585 ext. 5749
Fax: (641) 683-5206
Hours: M-TH, 7:00am-4:00pm
E-mail: disabilityservices@indianhills.edu

Centerville Campus
Disability Services
721 N. 1st Street
Centerville, IA 52544
Phone: (641) 856-2143 ext. 2214 or
(800) 670-3641 ext. 2214
Hours: M-TH, 7:15am-4:45pm

SECTION I: STUDENT INFORMATION

Student's Name: ____________________________________________
(Last)                                               (First)                                          (Middle Initial)

IHCC ID Number (if available): ____________________________ Phone: ____________________________

Address: __________________________________________ City: __________________________ State: ___

Zip: _______________ E-mail Address: _________________________________

Anticipated Start Date: _________ Anticipated/Current Program: _______________________

SECTION II: DOCUMENTATION - to be completed by the appropriate licensed professional

DOCUMENTATION REQUIRED: Before requests for accommodations can be finalized, the
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?

Circle one:      YES         NO         If YES, describe how: ________________________________
________________________________________________________________________________

SECTION III: RECOMMENDED ACCOMMODATIONS - to be completed by the appropriate licensed professional

ACCOMMODATIONS: Accommodations are adjustments to the environment provided to “level the playing field” with respect to the current functional limitations of an enrolled student. Each recommendation should be correlated with specific functional limitations that have been documented in the assessment. They are not remedial in nature, nor do they change or reduce the academic standards of a course or degree program.

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:__________________

*CONFIDENTIAL INFORMATION: IHCC Disability Services is committed to ensuring that all information regarding a student is maintained as confidential. No one has immediate access to student files at IHCC Disability Services except the DS 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. If a student has requested an accommodation, the student will be informed as to what information is being provided to the faculty or staff regarding the request.

We 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.