



# IHCC DISABILITY SERVICES

## Request for Services

### ***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](mailto:disabilityservices@indianhills.edu)

#### **Centerville Campus**

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

### **CONFIDENTIAL INFORMATION\***

#### **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.**