

**Massachusetts College of Liberal Arts  
Center for Student Success and Engagement  
Disability Resources**

**Reasonable Accommodation Request Form**

**This form should be completed by the student.** Complete this form prior to *each* semester if you are requesting classroom accommodations based on a documented disability that is on file with CSSE/Disability Resources.

Accommodations may take up to two weeks to put into place. Others may take longer and require advance notice (i.e. note takers, interpreters, classroom location change). Please submit your request in a timely fashion.

Name: \_\_\_\_\_ A#: \_\_\_\_\_

Phone: \_\_\_\_\_ Major: \_\_\_\_\_

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ On Campus \_\_\_\_\_ Commuter \_\_\_\_\_

Requesting accommodations for the following semester: \_\_\_\_\_

How many credits are you enrolled in for the semester? \_\_\_\_\_

Do you typically take a reduced course load? Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you require specific scheduling needs? \_\_\_\_\_ If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the below accommodations in which you are requesting. All requests must be supported by relevant documentation of your disability.

\_\_\_\_\_ Testing accommodations

\_\_\_\_\_ Assistive technology/software. Describe \_\_\_\_\_

\_\_\_\_\_ Text materials in accessible format. Describe file type: \_\_\_\_\_

\_\_\_\_\_ Other Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you are requesting testing accommodations, please check all that apply:

\_\_\_\_\_ 1.5 extended time (time and a half)

\_\_\_\_\_ 2.0 extended time (double time)

\_\_\_\_\_ Reduced distraction environment

\_\_\_\_\_ Use of a computer

\_\_\_\_\_ Use of assistive devices

\_\_\_\_\_ Other Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you require assistance with in class note taking? \_\_\_\_\_

If answered yes, please describe the difficulties you face when note taking.

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Are there accommodations that could assist you with note taking (i.e. smart pen, digital recorder)? Describe.

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Are you requesting a peer note taker for your classes? \_\_\_\_\_

If yes, please list course and section number for specific classes.

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Are you interested in learning how to improve your notetaking skills and strategies? \_\_\_\_\_

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Is there additional information you would like to share that is important to your academic success at MCLA?

Please explain in detail.

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Based on the information given in this form, your accommodation plan for the requested semester will be developed. It is your responsibility to pick up your accommodation letter and notify all your instructors. You can plan to pick up your accommodation letter at the start of each semester. You will receive enough copies to hand deliver one to each professor and discuss your accommodation needs for the semester.

If you have concerns or questions regarding your accommodations or the process, please contact the Disability Resource Office.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**If submitting this form electronically, type in your name and date above and send it from your MCLA email account to the following address: [disabilityresources@mcla.edu](mailto:disabilityresources@mcla.edu).**