

CAAS

Center for Access and Accommodative Services

Center for Access and Accommodative Services

Triton College

2000 Fifth Ave., River Grove, IL 60171

A Building, Room A-125

Phone: (708)456-0300, Ext. 3853, 3854 or 3917 Fax: (708) 456-0991

TTY: (708) 583-3182

REQUEST FOR ACCOMMODATIONS CONFIDENTIAL DATA FORM

Today's date _____ Semester requesting services for _____

Semester

Year

Name _____

First

Middle initial

Last

Address _____

City _____ State _____ ZIP code _____

Home phone () _____ Cell phone () _____

Personal email address _____

Triton College email address _____

Birthdate _____ Age _____

Emergency contact person _____ Relationship _____

Phone number _____

Gender: Female ☐ Male ☐ Not Specified ☐ Transgender ☐

The following information is requested so Triton College may demonstrate compliance with federal and state requirements. Ethnic origin:

☐ Asian/Pacific Islander

☐ Hispanic

☐ American Indian/Alaskan Native

☐ White/Non-Hispanic

☐ African American/Non-Hispanic

☐ Other

Are you a military veteran? ☐ Yes ☐ No

Disability or Medical Condition

Have you been diagnosed with a medical condition or disability? ☐ Yes ☐ No

Is this a temporary condition? ☐ Yes ☐ No

Date of last psychological testing for a learning disability _____

The medical condition(s) or disability you have been diagnosed with:

- ☐ Post-Traumatic Stress Disorder
- ☐ Learning disability
- ☐ Intellectual disability
- ☐ ADHD/ADD
- ☐ Autism
- ☐ Asperger's Spectrum
- ☐ Acquired brain injury / Date: _____
- ☐ Deaf/hard of hearing _____
- ☐ Visual Impairment / Describe: _____
- ☐ Mobility Impairment / Describe: _____
- ☐ Temporary Injury/Illness / Describe: _____
- ☐ Mental health / Describe: _____
- ☐ Physical disability / Describe: _____
- ☐ Medical condition / Describe: _____
- ☐ Transplant, implant, shunt / Describe: _____
- ☐ Other / Describe: _____
- ☐ Requesting a temporary accommodation, reason _____

What steps are you taking to manage your medical condition/disability? (ie. medication, counseling, academic tutoring, etc.)

Do you use any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Shunt location |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Cochlear Implant |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Vagus Nerve Stimulator (VNS) Devices |
| <input type="checkbox"/> Electric wheelchair | |
| <input type="checkbox"/> Prosthesis / Explain: _____ | |
| <input type="checkbox"/> Other / Describe: _____ | |

Are you currently or in the past have or had an open case with the Department of Human Services or the Veterans Affairs?

Case manager or counselor's name _____

Phone _____

Date of last meeting _____

How often do you meet with this professional? _____

Agency name _____

Address _____

Services you receive _____

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? ☐ Yes ☐ No

Medications you are taking	Reason	Side effects you experience

Educational History

Your level of education:

☐ 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 _____

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

Attending Triton College

Your academic goal is to:

☐ Noncredit classes for self-enrichment

☐ GED classes ☐ ESL classes

☐ Complete an associate degree, name _____

☐ Take general education classes to transfer to a university

☐ Complete a college certificate, name _____

☐ Complete certificate from the School of Continuing Education

Name _____

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

☐ Testing accommodations

- ☐ Extra time on exams
- ☐ Test read aloud by Kurzweil Reading Software
- ☐ Low distraction room for testing
- ☐ Enlarged print
- ☐ Use of computer for writing

☐ Note taking assistance – audio record lectures

☐ Sign language interpreting services

☐ Assistance crossing Fifth Avenue

☐ Use of assistive technology

☐ Kurzweil Reading software

☐ Jaws

☐ Zoomtext – screen enlargement

☐ Dragon Naturally Speaking

☐ Other / Describe: _____

☐ Are you able to accurately fill out the bubble on 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.

Print name

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.
- Complete an online training to activate the services I am requesting to aid me in successfully completing each class I register for.
- Complete an online 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.
- Renew CAAS accommodations each semester at the CAAS Office at the time of registration by filling out the request for services form.
- Regularly attend all classes and lab sessions.
- Consider making use of faculty office hours, regularly attend tutoring sessions and supplemental labs to enhance my understanding of class materials.

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

Student Code of Conduct

GENERAL REGULATIONS

College regulations apply to a student when on college property, attending a class, or when representing the college at college sponsored events both on and off campus. The college applies disciplinary sanctions for violation of these regulations. Should an act violate both college regulations and public law, the student is subject to dual jurisdiction. Students will also be held responsible for actions of their guests. Non-student visitors to the campus are expected to comply with college regulations.

ACADEMIC DISHONESTY – Written or other work a student submits in a course must be the product of his/her own efforts. Plagiarism, cheating or other forms of academic dishonesty are prohibited.

FALSE INFORMATION – A student shall not furnish false or misleading information to college officials.

BEHAVIORAL MISCONDUCT – A student shall take no action which disrupts or tends to disrupt the peace, or which endangers or tends to endanger the safety, health or life of any person.

PROPERTY DAMAGE – A student shall take no action which damages or tends to damage public or private property not his/her own without the consent of the owner or person legally responsible.

THEFT – A student shall not take, without authorization, property for his/her own without the consent of the owner or person legally responsible.

UNAUTHORIZED ENTRY – Forcible or unauthorized entry onto any property or into any building structure, utility or room on the premises is prohibited.

ALCOHOL AND DRUGS – A student shall not possess alcohol, i.e., beer or liquor, except in conformance with college policy. A student shall not manufacture, use, possess, sell, deliver or distribute any illegal or controlled drugs or substance except under the direction of a licensed physician.

WEAPONS/FIREARMS – A student shall not possess or use firearms, explosive devices or any other device classified as a weapon by the state of Illinois. Instruments used to simulate such weapons in acts which endanger or tend to endanger any person shall be considered weapons.

CLASSROOM DISTURBANCE – Classroom disturbances which interfere with the educational process are prohibited.

SMOKING – Smoking of any sort is prohibited on Triton's campus.

I understand and agree to abide by the Student Code of Conduct.

Print name

Signature

Date

No matter who you are or what you aspire to be ...

There's
a place
for you.



Triton College
triton.edu



2000 Fifth Ave.
River Grove, IL 60171
(708) 456-0300

Triton College is an Equal Opportunity/Affirmative Action institution.