Student Academic Services
Application for Accommodation

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Coordinator for Student Access Services
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Welcome to Skidmore’s office of Student Academic Services (SAS). Skidmore is proud to employ a Coordinator for Students with Disabilities who works as a member of the SAS team to ensure eligible students are provided accommodations necessary to obtain full access to all Skidmore programs and activities.

Students who would like to request accommodation/s based on a disability should complete and submit this application to the Coordinator for Students with Disabilities. Students will also need to submit appropriate supporting documentation. Documentation guidelines can be found on our web site, in our Students with Disabilities Student Handbook, or by request. Students who are in need of application material in alternative format or have questions regarding this application or our documentation requirements are welcome to contact the Coordinator at the addresses or numbers above.

Contact Information

Name:__________________ Date:___________
Address:________________________________
_______________________________________
Class:______________ E-Mail:_________________
Phone #:________________ Cell Phone #:________________

Access Information

► Please identify the disability or condition for which you are requesting accommodation:

________________________________________________________________________

________________________________________________________________________

At what age were you first diagnosed with the above condition/s? ________________

► If applicable, please describe the cause of your disability:

________________________________________________________________________

________________________________________________________________________
Please describe the academic and/or personal barriers or limitations that result from your disability.

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________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please describe the personal and/or academic strengths you utilize to help manage the impact of your disability.

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________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

If appropriate, please describe any assistive computer applications and/or equipment you use to help accommodate your disability

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

If applicable, please describe any medications you take and how these medications help alleviate the impact of your condition?

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________________________________________________________________________________________
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________________________________________________________________________________________
**Accommodation Request/s**

Please identify the specific accommodation/s you are requesting and provide a brief explanation regarding the expected result of the accommodation. The Coordinator for Students with Disabilities will review each request on an individual basis and generally determine eligibility based on supporting documentation and the significance of barriers presented by a student’s disability. Documentation may be augmented through personal interview as necessary.

**Requested Accommodation/s:**

1) ________________________________________________________________
   
   ▶ Please explain the expected result of this accommodation

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   
   ▶ Please describe the setting or subject area for which you feel this accommodation is necessary.

   ________________________________________________________________

2) ________________________________________________________________
   
   ▶ Please explain the expected result of this accommodation

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   
   ▶ Please describe the setting or subject area for which you feel this accommodation is necessary.

   ________________________________________________________________
3)  __________________________________________________________

▶ Please explain the expected result of this accommodation

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

▶ Please describe the setting or subject area for which you feel this accommodation is necessary.

_________________________________________________________________

4)  __________________________________________________________

▶ Please explain the expected result of this accommodation

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

▶ Please describe the setting or subject area for which you feel this accommodation is necessary.

_________________________________________________________________

Additional Accommodations: __________________________________________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Signature: ___________________________ Date: ________________

Please return this completed form to:
Coordinator for Students with Disabilities
Skidmore College
Student Academic Services ~ Starbuck Center
815 North Broadway
Saratoga Springs, NY 12866