DISABILITY SERVICES
Request for Accommodations for First STEP

Please print all information clearly:

Name: ____________________________________________________________

Student ID Number: _______________________ DOB ________________ Sex (circle one): M   F

Local Address: ______________________________________________________________________

____________________________________________________________________________

Local/Cell Phone Number: ______________________________________________________________________

Permanent Address: ________________________________________________________________

____________________________________________________________________________

Permanent Phone Number: ______________________________________________________________________

Email Address: ______________________________________________________________________

Date of University Admission: ______________________________________________________________________

First STEP date: ______________________________________________________________________

Nature of Disability (specific diagnosis): ______________________________________________________________________

____________________________________________________________________________

Documentation:

_____ Documentation enclosed

_____ Documentation to be delivered

(OVER)
General Services Requested:

_____ Exam readers  _____ Exam Scribe
_____ Exams in solitary environment  _____ Extended time on exams
_____ Large print  _____ Special seating
_____ Other: ____________________________________________________________

The final decision regarding accommodations that are provided for First STEP Placement Exams will be determined by what is supported through the student’s documentation and consultation with the student. The above check list provides an overview to the disability service provider about services that may be appropriate specifically for First STEP Placement Exams.

If the student would benefit from receiving accommodations once classes start, they will be required to register as a student with a disability with the Disability Services office. Registration for First STEP is not the same as registering for services for coursework. During the registration process for services for coursework, additional documentation may be required to be submitted. Please contact Disability Services if you have questions about receiving services beyond First STEP. Pending files will be maintained for students that receive services for First STEP for those students that wish to become permanently registered for coursework. Students may seek permanent registration any time after becoming enrolled in courses.

By signing below, the student is providing permission to Disability Services to release accommodation information to Testing Services and/or New Student Programs.

Student’s signature: ______________________________________________________
Print your name: _________________________________________________________
Social Security: __________________________________________________________
Date: __________________________________________________________________

RETURN FORM TO:

Southeast Missouri State University
DISABILITY SERVICES
One University Plaza, MS 2030
Cape Girardeau MO  63701-4799

February 2014