

# Cuyahoga Valley Career Center

## Preliminary Request for Accommodations

Adult Education and District Services Office  
Cuyahoga Valley Career Center  
8001 Brecksville Road  
Brecksville, OH 44141  
Phone 440.746.8230  
Fax 440.838.8944  
[www.cvccworks.edu](http://www.cvccworks.edu)



### Personal Information (Please print clearly)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

Are you registered with BVR or BSVI?  Yes  No

If yes, what is your counselor or case manager's name? \_\_\_\_\_

### Program Information

Program Enrollment \_\_\_\_\_ Start Date \_\_\_\_\_

### Disability Information

Check all that apply:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Chronic Health Condition
- Deaf/Hearing Loss
- Neurological Condition
- Pervasive Developmental Disorder (PDD)
- Visual Impairment

- Acquired Brain Injury
- Cognitive Learning Disability
- Mobility Impairment
- Physical Disability
- Psychological Disability
- Other \_\_\_\_\_

Using your own words, please describe your disability (ies) and how it affects your ability to function in an educational environment. \_\_\_\_\_  
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\_\_\_\_\_

## Accommodations

What accommodations have you previously utilized in an educational setting?

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Please list the accommodations/services you are requesting.

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If applicable, please list any adaptive technologies you would like to use in an educational setting.

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The Adult Education and District Services Office maintains records of a student's disability according to the guidelines of the Family Educational Rights and Privacy Act (FERPA). These records are maintained in the Adult Education and District Services Office, separately from the student's academic records, which are maintained elsewhere in the institution. Records received by the Adult Education and District Services Office that appear to contain information unrelated to the determination and provision of academic accommodations, auxiliary aids and services will be returned to the provider. Information retained by the Adult Education and District Services Office will be only that which is determined to be related to the disability and provision of academic accommodations.

### **By initialing and signing the statements below you agree to the following:**

- \_\_\_\_\_ I understand that admission to Cuyahoga Valley Career Center is a separate process.
- \_\_\_\_\_ I understand I must submit documentation of my disability prior to meeting with a specialist for an intake appointment.
- \_\_\_\_\_ I authorize the Adult Education and District Services Office to contact my medical provider to clarify any questions regarding my documentation.
- \_\_\_\_\_ I understand that submitting this form does not automatically qualify me for accommodations and/or services.
- \_\_\_\_\_ I understand I will not be eligible to receive services until all documentation is provided.

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