

Cuyahoga Valley Career Center

Preliminary Request for Accommodations

Student Support Services
Cuyahoga Valley Career Center
8001 Brecksville Road
Brecksville, OH 44141
Phone 440.746.8230
Fax 440.838.8944
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. _____

Accommodations

What accommodations have you previously utilized in an educational setting?

Please list the accommodations/services you are requesting.

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

The Student Support Services Specialist 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 Student Support Services Specialist's Office, separately from the student's academic records, which are maintained elsewhere in the institution. Records received by the Student Support Services Specialist 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 Student Support Services Specialist 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 Student Support Services Specialist 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 _____