

Teaching & Learning Support Services

Learning Accommodations Services

Richland Community College | One College Park | Decatur, Illinois 62521



APPLICATION FOR ACCOMMODATIONS

(Note: This is confidential and will not become a part of your permanent file.)

This application must be completed by the applicant.

By fully disclosing your disability/disabilities and its/their impact on learning, you will enable us to know better how to help you be successful!

Name _____ Date of Request _____

Address _____

City, State, Zip _____

Telephone _____

Student I.D. _____

Major _____

DISABILITY(IES)

DOCUMENTATION

PREVIOUS ACCOMMODATION(S)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HISTORY

1. Do you have a health problem? Yes No
If so, what? _____
2. Are you receiving help from a community service agency such as DORS? Yes No
If so, what? _____
Who do you work with? _____
3. Is this your first time attending college? Yes No
4. Is this your first time attending RCC? Yes No
If no, list year and semester last attended _____
5. Name of your high school? _____
Graduated? Yes No What year? _____
6. Were you in special classes in grade school or high school? _____
7. What is your academic goal at RCC? _____

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8. What is your career goal? _____

9. What were the best parts of elementary, junior high, and high school?

10. What were the worst parts?

11. Describe any trouble you may have remembering and recalling for tests or in class.

12. Describe any difficulty you may have writing papers.

13. Describe any difficulty you may have with math.

14. Describe any difficulty you have with reading and comprehension.

15. Describe any other difficulty you have with learning in general.

16. Do you take any prescription medications? Yes No
If so, please list _____

17. Are you working? Yes No If so, how many hours each week? _____
Where? _____
