



COAHOMA COMMUNITY COLLEGE

Disability Support Services

3240 Friars Point Road Clarksdale, MS 38614 Ph: (662) 621-4853 Fax: (662) 624-6424

SELF-IDENTIFICATION AND REQUEST FOR REASONABLE ACCOMMODATIONS/MODIFICATIONS FORM

Name _____ E-mail _____

Social Security/ID# _____

Major _____ Campus Location _____ Date _____

Which of the following categories best describes your primary request for disability support services?

(Please check only one)

Attention-Deficit Disorder _____ Orthopedic/Mobility Impairment _____
Blindness/Visual Impairment _____ Psychological Disorder (Be specific) _____
Deafness/Hearing Impairment _____ Speech/Language Disorder _____
Learning Disability _____ Traumatic Brain Injury _____
Other (Be specific) _____

Select the service(s) you would like for us to provide to you.

____ Preferential seating _____ Authorization Consent
____ Examinations and quizzes given orally _____ Elevator key (**Humanities/Physical Science Building**)
____ Extended time on tests _____ Note-taker
____ Testing in a non-distracting environment _____ Enlarged materials
____ Peer Tutoring _____ Alternate Course Request
____ Taped tests
____ Taping classroom lectures (**must sign form**)
____ Copy classmates/instructor notes to supplement own
____ Handicapped parking
____ Adequate-warning devices in dorms

___ Access to audio text books

___ Interpreters, readers, lab assistants, aides, etc.

___ Classroom location (accessibility)

___ Special dorm provisions

___ Mobility assistance

___ Instructional Support

___ Additional time for completing assignment (**Specifics must be worked out with each instructor.**)

Other: Be Specific _____

Signature _____

This form must be completed and returned to: Michael Houston, Director of Human Resources/
Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley
Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614, Phone:
(662)621-4853, Email: mhouston@coahomacc.edu