

***HUSKINS Special Populations Accommodations
Request Form***



Because the community college falls under the ADA guidelines, and the public schools are governed by the IDEA guidelines, CCCC requests the following form be completed for any student with an IEP or 504 Plan to aid in that student's self-identification. Once completed, please send to the CCCC Special Populations Director, David Oates, for determination of what accommodations may be provided by the college.

Contact Information: David Oates, Special Populations Director

Phone: 919-718-7273/1-800-682-8273 x7273

FAX: 919-718-7380

Email: doates@cccc.edu

Address: 1105 Kelly Dr.; Sanford, NC 27330

County _____ High School _____

Teacher _____ Student Name _____

Student DOB _____ Exceptionality _____

IEP Case Manager _____ Email _____

Phone # _____ FAX # _____

Requested supplementary aids, services, or modifications, if any:

- | | | |
|--|---|--|
| <input type="checkbox"/> Alternative materials | <input type="checkbox"/> Video cassette | <input type="checkbox"/> Student marks in book |
| <input type="checkbox"/> Tutoring (on CCCC campus) | <input type="checkbox"/> Dictation to a scribe | <input type="checkbox"/> Study guides (if available) |
| <input type="checkbox"/> Read aloud | <input type="checkbox"/> Magnification devices | <input type="checkbox"/> Testing in separate room |
| <input type="checkbox"/> Extended time | <input type="checkbox"/> Interpreter/transliterater | <input type="checkbox"/> Single test item per page |
| <input type="checkbox"/> Large print | <input type="checkbox"/> Demonstration teaching | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Audio tapes | <input type="checkbox"/> Assistive devices | |
| <input type="checkbox"/> Braille/braillewriter | <input type="checkbox"/> Computer/typewriter/word processor | |
| <input type="checkbox"/> Preferential seating | | |

Medical Information _____

Additional Comments _____
