

# CAAS

Center for Access and Accommodative Services

Center for Access and Accommodative Services  
Triton College  
2000 Fifth Ave., River Grove, IL 60171, Room A-105  
Phone: (708) 456-0300, Ext. 3917 Fax: (708) 456-0991  
TTY: (708) 583-3182  
caas@triton.edu

## REQUEST FOR ACCOMMODATIONS CONFIDENTIAL DATA FORM

Today's date \_\_\_\_\_ Semester requesting services for \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Initial)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Personal Email Address \_\_\_\_\_  
Triton College Email Address \_\_\_\_\_

F  M  Not Specified  Transgender  
Gender \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

Name of person who referred you to this center \_\_\_\_\_

The following information is requested so Triton College may demonstrate compliance with federal and state requirements. Ethnic origin (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Hispanic           |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White/Non-Hispanic |
| <input type="checkbox"/> African American/Non-Hispanic  | <input type="checkbox"/> Other              |

Are you a military veteran?  Yes  No

## Educational History

Your level of education:

- Not a high school graduate
- High school graduate Year \_\_\_\_\_ School \_\_\_\_\_
- GED Year \_\_\_\_\_ School \_\_\_\_\_
- College Year \_\_\_\_\_ School \_\_\_\_\_
- Home schooled Year \_\_\_\_\_
- H.S. Transition Program \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_

Did you receive accommodative services in high school?  Yes  No

Did you receive any of the following: (Check all that apply.)

- Resource room assistance
- Collaborative classroom
- Social work services
- Self-contained classes \_\_\_\_\_
- ELL or ESL classes
- Mainstream classes, list classes \_\_\_\_\_

Did you receive accommodative services in college?  Yes  No

College name \_\_\_\_\_

What accommodations did you receive at the last school you attended:

- Accommodative testing / Describe: \_\_\_\_\_
- Note taker or copies of class notes
- Sign language interpreters
- Enlarged text materials/CCTV
- Alternate text materials / Describe: \_\_\_\_\_
- Reader services / Describe: \_\_\_\_\_
- Use of assistive technology / Describe: \_\_\_\_\_

## Learning Difference, Medical Condition or Disability

Have you been diagnosed with a medical condition or disability?  Yes  No

Diagnosed date \_\_\_\_\_

Date of last psychological testing for a learning disability \_\_\_\_\_

The medical condition(s) or disability you have been diagnosed with:

- Post-Traumatic Stress Disorder
- Learning disability
- Intellectual disability
- ADHD/ADD
- Autism
- Asperger's Spectrum
- Acquired brain injury / Date: \_\_\_\_\_
- Deaf/hard of hearing \_\_\_\_\_
- Visual Impairment / Describe: \_\_\_\_\_
- Mobility Impairment / Describe: \_\_\_\_\_
- Temporary Injury/Illness / Describe: \_\_\_\_\_
- Mental health / Describe: \_\_\_\_\_
- Physical disability / Describe: \_\_\_\_\_
- Medical condition / Describe: \_\_\_\_\_
- Transplant, implant, shunt / Describe: \_\_\_\_\_
- Other / Describe: \_\_\_\_\_

Do you use any of the following:

- Crutches
- Cane
- Walker
- Manual wheelchair
- Electric wheelchair
- Prosthesis / Describe: \_\_\_\_\_
- Other / Describe: \_\_\_\_\_
- Shunt
- Cochlear Implant
- Pacemaker
- Vagus Nerve Stimulator (VNS) Devices

Do you have an active case with the following:

- Department of Human Services/Office of Rehabilitation Services
- Veteran's Administration
- Employment Training Services
- Physical/Occupational Therapy
- Transition from high school to college/work program
- Personal counseling with a therapist or psychologist

Case manager or counselor's name \_\_\_\_\_ Phone \_\_\_\_\_

Date of last meeting \_\_\_\_\_

How often do you meet with this professional? \_\_\_\_\_

Agency name \_\_\_\_\_

Address \_\_\_\_\_

Services you received \_\_\_\_\_

Explain how your medical condition/disability affects you in your daily life and academics.

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List adapted equipment and/or software you have used in the past, i.e., screen reading software (JAWS), reading programs (Kurzweil).

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Are you currently undergoing treatment for any additional health-related concerns?  Yes  No

Do you currently wear a medical ID or carry medical information with you daily?  Yes  No

Are you interested in sharing your medical information with the campus nurse?  Yes  No

Medications you are taking	Reason	Side effects you experience

## Attending Triton College

Your academic goal is to:

- Noncredit classes for self-enrichment
  - Complete certificate from The School of Continuing Education
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- GED classes             ESL classes
  - Participate in the Skill Enhancement and Employee Development Program
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- Complete a college certificate \_\_\_\_\_
  - Complete a degree at Triton, then apply that to work \_\_\_\_\_
  - Complete a degree at Triton to transfer to a university \_\_\_\_\_
  - Take general education classes to transfer to a university  
If you plan to complete a certificate or degree, what will your academic major be?
- 

Do you plan to attend Triton College as a full- or part-time student? \_\_\_\_\_

Have you applied for financial aid? \_\_\_\_\_ Application date \_\_\_\_\_

Have you received a notification of your financial aid award? \_\_\_\_\_

Do you plan on participating in any campus clubs or sports teams? \_\_\_\_\_

List \_\_\_\_\_

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List the type of classes that are easier for you.

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List the type of classes that are more difficult for you.

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Check the accommodations you have found to be helpful and wish to use at Triton College.

Testing accommodations

- Extra time on exams
- Test read aloud by Kurzweil Reading Software
- Low distraction room for testing
- Enlarged print
- Use of computer for writing

Note taker

Audio – Record Lectures

Sign language interpreting services

Assistance crossing Fifth Avenue

Alternate text materials / Describe: \_\_\_\_\_

Use of assistive technology

- |  |  |
|--|--|
| <input type="checkbox"/> Kurzweil Reading software | <input type="checkbox"/> Zoom                      |
| <input type="checkbox"/> CCTV                      | <input type="checkbox"/> Jaws                      |
| <input type="checkbox"/> Zoomtext                  | <input type="checkbox"/> Dragon Naturally Speaking |

Are you able to accurately fill out the bubble of a scantron sheets?     Yes     No

Other / Describe: \_\_\_\_\_

During an evacuation of a building, would you like to have first responders check to see if you have exited?     Yes     No

**Privacy Act**

This request for information is necessary in order to properly conduct the program and account for the activities of the CAAS. Failure to supply all requested information may result in a delay of access and/or accommodative services. All records are confidential and retained in secured files. The information in this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Student Contract

- Complete all recommended assessments offered by the college and CAAS.
- Submit all necessary documentation of my medical condition and/or disability to CAAS.
- Attend a training to activate the services I am requesting to aid me in successfully completing each class I register for.
- Attend a training session on all adaptive equipment I will need.
- Comply with the college rules of conduct.
- Inform CAAS of all class schedule changes and changes of academic goals.
- Establish accommodations by presenting the CAAS card to instructors of the classes where services are needed.
- Renew CAAS accommodations each semester in the CAAS office at the time of registration.
- Consider participating in one or more CAAS workshops the first semester receiving services from CAAS and each semester I do not obtain a 2.0 GPA.
- Regularly attend all classes and lab sessions.
- Consider making use of faculty office hours and regularly attend tutoring sessions and supplemental labs to enhance your understanding of class materials.

I agree to abide by the above commitment and understand that violation of any conditions of this agreement as stated in this form will make me subject to suspension from CAAS services and/or other action at the discretion of the dean of Students and/or CAAS director.

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Print name

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Signature

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Date

# STUDENT CODE OF CONDUCT

## GENERAL REGULATIONS

College regulations apply to a student when on college property, attending a class, or when representing the college at college sponsored events both on and off campus. The College applies disciplinary sanctions for violation of these regulations. Should an act violate both college regulations and public law, the student is subject to dual jurisdiction. Students will also be held responsible for actions of their guests. Non-student visitors to the campus are expected to comply with college regulations.

**ACADEMIC DISHONESTY** – Written or other work a student submits in a course must be the product of his/her own efforts. Plagiarism, cheating or other forms of academic dishonesty are prohibited.

**FALSE INFORMATION** – A student shall not furnish false or misleading information to college officials.

**BEHAVIORAL MISCONDUCT** – A student shall take no action which disrupts or tends to disrupt the peace or which endangers or tends to endanger the safety, health or life of any person.

**PROPERTY DAMAGE** – A student shall take no action which damages or tends to damage public or private property not his/her own without the consent of the owner or person legally responsible.

**THEFT** – A student shall not take without authorization property for his/her own without the consent of the owner or person legally responsible.

**UNAUTHORIZED ENTRY** – Forcible or unauthorized entry onto any property or into any building structure, utility or room on the premises is prohibited.

**ALCOHOL AND DRUGS** – A student shall not possess alcohol, i.e., beer or liquor, except in conformance with college policy. A student shall not manufacture, use, possess, sell, deliver or distribute any illegal or controlled drugs or substance except under the direction of a licensed physician.

**WEAPONS/FIREARMS** – A student shall not possess or use firearms, explosive devices or any other device classified as a weapon by the state of Illinois. Instruments used to simulate such weapons in acts which endanger or tend to endanger any person shall be considered weapons.

**CLASSROOM DISTURBANCE** – Classroom disturbances which interfere with the educational process are prohibited.

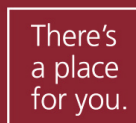
**SMOKING** – Smoking of any sort is prohibited on Triton's campus.

*I understand and agree to abide by the Student Code of Conduct.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Triton College**  
triton.edu