*It is imperative that this form is completed and returned with a copy of medical documentation, if required, in order for accommodations to be set up in a timely manner to ensure the accommodations are made with enough time before classes begin.*

**Interviewer Names**: _____ _____
Admissions Representative Campus Director or Designate

**Student Name**: _____ **Int. Date**: _____

| **Pre-Admissions Interview Question for Admissions Representative** | **Student Response** |
|---|---|
| *Do you have any requests for Learning Accommodation?<br>***If no**, *please skip all other questions to the signatures.*<br>***If yes**, please continue to address the questions below.* | |
| What is your personal history with needing Learning Accommodations, if any, in a classroom setting? | |
| If you are accepted by the College, do you feel that you would require Learning Accommodations? | |
| Do you feel you would require any additional supports, not discussed, to be successful? | |

**If the answer to any of the above is YES, Campus Director or Designate must complete the section below.**

| **Specific Learning Accommodations for Campus Director or Designate** | **Specific Request from Student** | **Accommodation confirmed by College (Y/N)** |
|---|---|---|
| Do you have a documented current diagnosis/evaluation by a medical professional evaluator? | | |
| What accommodations were recommended by the medical professional evaluator? | | |
| List specific accommodation here | | |
| List specific accommodation here | | |
| List specific accommodation here | | |
| List specific accommodation here | | |
| List specific accommodation here | | |
| List specific accommodation here | | |
| List specific accommodation here | | |
| List specific accommodation here | | |
| List specific accommodation here | | |
| List specific accommodation here | | |

Campus Director or Designate Signature: _____

***I confirm all the information I provided above is true. I understand that the College will make a decision to grant or decline my request based on my submitted documentation and the resources available at the College.***

Student or parent/legal guardian Signature: _____