CEDHH
ACCOMMODATIONS PLAN
Northwestern Connecticut Community College

Student ID @_____

Name _____
Last *First*

Mailing Address _____ Home phone _____
Number and street

_____ Cell phone _____
City, state, zip

Email _____ Major _____

Semester Registering for: (Underline One) Fall Winter Spring Summer Year_____

CRN	Course Number	Course Title	Accommodations Requested (See Codes Below)	Day/s	Time: From-To	BLDG/ Rm #

Accommodation Codes:

1 = Note-Taker Services
2 = Interpreter - ASL
3 = Interpreter – English
4 = Interpreter - Oral
5 = C-Print or Voice Generated Captioning
6 = Extended Time for Tests
7 = Tutoring
8 = No services requested for this course
9 = Other _____

I agree to speak to each of my professors about how my hearing loss impacts my communication and learning style the first week of classes.

Student Signature_____ Date_____

CEDHH Counselor Signature_____

Rev 11/5/09