



# UCLA CAE REQUEST FOR SERVICES

*Please note that completion of this form is not a guarantee of services.*

## BACKGROUND INFORMATION

Name: \_\_\_\_\_

University ID Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Is there anything unique about you that you would want staff to know?**

## ACCOMMODATIONS HISTORY

**In high school did you have an IEP?**

- Yes
- No

**Did you have a 504 plan?**

- Yes
- No

**Have you ever been registered as a student with a disability at a post-secondary institution (i.e community college, CSU, other UC, etc.)?**

- Yes
- No

**If any, please list previous accommodations you've received:**

## GENERAL NATURE OF DISABILITY / DISABILITIES

**To the best of your ability, please describe your disability (please include diagnosis):**

**How would receiving accommodations mitigate barriers associated with your disability?**

**I am requesting accommodations because of a temporary disability or acute condition (ie concussion, accident, injury, surgery, etc.): (required)**

- Yes
- No

**If this is a temporary disability, how long do you anticipate the need for CAE accommodations?**

- Less than 2 weeks
- 2 - 4 weeks
- 4 - 8 weeks
- 2 - 3 months
- Other \_\_\_\_\_

### **CAE ACCOMMODATIONS AND SERVICES**

**In what academic areas have you experienced difficulties:**

- Completing assignments on time
- Comprehending concepts
- Following along during lecture
- Math
- Motivation
- Organizing written work
- Reading
- Reading rate
- Retaining information
- Spelling
- Study skills
- Self-confidence in school
- Taking notes during lecture
- Taking tests
- NONE OF THE ABOVE

**I am requesting the following accommodations:**

- Adaptive Technology (i.e. Livescribe Pen, Kurzweil, etc.)
- Alternative Format (enlarged font, audiobooks, etc.)
- Assistive Listening Device
- Emotional Support Animal
- Housing Accommodations
- Notetaking

- Parking
- Priority Enrollment
- Testing Accommodations, please specify : \_\_\_\_\_
- Real-Time Captioning
- Service Animal
- Sign Language Interpreters
- Van Service
- Other : \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

\*Please note: If requesting housing or parking accommodations, you will need to submit the relevant application and documentation.

Please have your medical provider fax Verification of Disability form, letters, etc. to 310.825.9656.

Please submit this completed form to the Center for Accessible Education in A255 Murphy Hall. Allow two weeks for processing. Click [here](#) for more information on requesting CAE services.