



# Request for Auxiliary Aids and Services

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

Program of Study: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**For Assistance Contact:**  
McKenzie "Maxie" Wirtz  
(330)729-4100 x1911  
maxie.wirtz@mahoningctc.com

MCCTC Adult Career Center students in need of any auxiliary aids or services to accommodate a disability must provide at least **ONE** of the following types of documentation:

- IEP -Individual Education Plan *(Dated within the last 5 years)*
- 504 Plan *(Dated within the last 5 years)*
- Psycho-Educational Assessment *(Psychological Evaluation, Signed Comprehensive Assessment Report, and Accompanying Standard Scores)*
- Documentation from Credentialed Professional with (1) Diagnosis of Disability (2) Specific Disability Symptoms (3) Recommendations for Accommodation
- Other, Must Specify: \_\_\_\_\_

Auxiliary aids or services **PREVIOUSLY** afforded to the individual:

- Extended Time on Exams/Assignments
- Separate or Small Group Testing
- Personal Reader or Text-to-Speech Technology/ Electronic Reader
- Braille Resources
- Large Print Resources
- Sound Amplifiers
- Interpreter
- Other, Must Specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Auxiliary aids or services being requested by the individual for their **current or upcoming** program of study with MCCTC:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Request for Auxiliary Aids and Services

## Student Acknowledgement:

Upon receipt of your request, the Student Services Department will review all documentation. All accommodation requests are reviewed to determine if their access will provide the student with a documented disability an equal opportunity to participate in program activities. As such, specific auxiliary aid and service requests are not guaranteed if they are deemed inappropriate for the circumstance in review.

### *Please Initial:*

\_\_\_\_\_ *I understand that my request for auxiliary aids and services will not be granted if I do not provide MCCTC with sufficient documentation of my disability*

\_\_\_\_\_ *I understand that MCCTC is not required to provide me with individually prescribed devices and personal attendants. Personal Services relating to my individual academic needs are my responsibility.*

\_\_\_\_\_ *I understand that testing and credentialing agencies operate separately from MCCTC. If the use of auxiliary aids or services are approved through MCCTC, I may still need to request for the use of these accommodations on a Certification Exam through another agency.*

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Students will be contacted by the Adult Career Center within 1 week to discuss request.***

**OFFICE USE ONLY**

**Date Reviewed:**

**Approved: Yes / No**

**Comment:**