CLASSROOM ACCESS FORM

This student has been authorized to receive classroom access accommodations on the basis of a documented disability.

STUDENT NAME: ___________________________ V#: __________________

DSS Staff Signature: ________________________ Date: _____________

Students: If you need classroom access accommodations, please check off all the following considerations that are applicable and provide explanations in the space provided.

✓ [ ] Air Quality: ___________________________

☐ Classroom Size: __________________________

☐ Elevator Access: _________________________

☐ Lighting: ________________________________

☐ Parking Availability: _____________________

☐ Proximity to Building entrance: ___________

☐ Proximity of Classrooms: __________________

☐ Ramp Access to Building: _________________

☐ Routes to Classrooms: ____________________

☐ Sound Quality: __________________________

☐ Temperature: ____________________________

☐ Other Considerations: ____________________

Additional information:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Classroom Examples: (These exact classrooms may not be available, but do provide good examples of placement that is accessible for student.). List classrooms as examples that work well for you regarding access:

<table>
<thead>
<tr>
<th>Building</th>
<th>Classroom#</th>
<th>Reason classroom works well for you (please describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>