



THE SCHOOL DISTRICT OF BROWARD COUNTY Career, Technical and Adult/Community Education

ACCOMMODATIONS ADVISEMENT/COUNSELING REQUEST FORM

TO THE STUDENT:

Please complete the information below if you need to speak to someone about your need for accommodations in the classroom or for test-taking purposes. You will be contacted within five (5) business days to arrange an appointment.

Today's Date: _____

Name: _____

Phone Number(s):

(WORK): _____

(HOME): _____

(CELL): _____

Best time to call: _____ (Indicate AM or PM)

Briefly describe the reason you are requesting a meeting: _____

OFFICIAL USE ONLY

DOCUMENTED INTAKE:

- **Follow-up call must occur within 5 business days from the date the student called or came in to request an appointment.**

FOLLOW-UP CALL(S): _____
(indicate date/time) _____

- **Appointment must be scheduled within 10 business days from the follow-up call. (Inform the student to bring documents supporting the need for accommodations to the meeting.)**

APPOINTMENT DATE SCHEDULED: _____ (indicate date/time)

PERSON SCHEDULING APPOINTMENT: _____

ADVISEMENT/COUNSELING INTERVIEW:

- **Meet with student to discuss needs and review documents. If there is sufficient evidence of need for accommodations, follow 504 Process and complete Disability Data Reporting Form.**

NOTES TAKEN AT INTERVIEW: _____

PERSON CONDUCTING INTERVIEW: _____
Teacher/Counselor/504 Liaison/Disability Services Designee

SCHOOL: _____