

**Pulaski Technical College  
Disability Services  
Request for Continuation of Accommodations**

**Date:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_@students.pulaskitech.edu

**Telephone # :** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Requesting Continuation of Services semester:** \_\_\_\_\_

**I understand:**

- At least 5 business days **BEFORE** each semester starts a *Continuation of Accommodations* form must be completed and turned into DS office.
- Accommodations letters will be emailed to my PTC student email address.
- Accommodation letters will be emailed to my instructor(s).
- **It is MY responsibility to discuss my accommodations with each of my instructors.**
- It is **MY** responsibility to inform Disability Services immediately if there are problems regarding receipt of accommodations and/or if any adjustments to accommodations need to be made.
  
- **Advising - If you have any questions, regarding your overall degree plan, please call Disability Services to make an appointment or visit the Academic Advising Center.**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*Please complete Emergency Procedures on backside.

## Emergency Procedures

WE NEED SPECIFIC INSTRUCTIONS IN WAYS TO ASSIST YOU, THE STUDENT, IN EXITING A BUILDING IN AN EMERGENCY SITUATION.

Please answer the following questions:

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you need assistance exiting a building?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can you walk without assistance?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If you cannot walk <u>without</u> assistance, can you walk if assistance provided?                                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can you maneuver the stairs <u>without</u> assistance?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If not, can you maneuver the stairs <u>with</u> assistance?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you need to be carried?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can you hear a fire alarm?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have seizures? If so, what type?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a health condition that requires PTC personnel to have special instructions or prior knowledge of condition? |

If yes, give specific instructions and other useful information?

**Please supply Disability Services with your schedule each semester if assistance is required to help you exit a building during an emergency.**