



Request for Auxiliary Aids and Services

Student Name: _____

Date Submitted: _____

HEMSPN 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 3 years*)
- 504 Plan (*Dated within the last 3 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
- Preferential Seating
- Other, Must Specify:

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

Request for Auxiliary Aids and Services

Student Acknowledgement:

Upon receipt of your request, the Administration 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 HEMSPN with sufficient documentation of my disability*

_____ *I understand that HEMSPN 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 the testing and credentialing agencies (NCSBN & Pearson Vue) operate separately from HEMSPN. If the use of auxiliary aids or services are approved through HEMSPN, I may still need to request for the use of these accommodations on the NCLEX-PN Exam through the other agencies.*

Print

Signature

Date

Students will be contacted by the Administration within 1 week to discuss request.

OFFICE USE ONLY Date Reviewed:

Approved: Yes / No

Comment:

Signature

Date