

WESTERN OREGON UNIVERSITY

Office of Disability Services • 503-838-8250 V/TTY

Field Experience Accommodations Request Form

Term/Year _____ / _____

Name: _____ V# _____

Phone#: _____ Email: _____

Preferred Method of Contact: Phone Email

Site Name: _____

Site Supervisor Name and Number: _____

Site location address: _____

Room name or Number: _____

Start Date: _____ End Date: _____

Days, **please provide specific schedule information:**

Monday start time: _____ End time: _____

Tuesday start time: _____ End time: _____

Wednesday start time: _____ End time: _____

Thursday start time: _____ End time: _____

Friday start time: _____ End time: _____

Saturday start time: _____ End time: _____

Sunday start time: _____ End Time: _____

Type of environment: (ie: office, elementary school, state agency, etc...)

Accommodations Being requested: **Please mark all that apply:**

- Interpreter (Please complete information on the back of paper)
- Materials in Alternative Format: Audio Large Print
- Braille HTML
- FM System Typewell Other

Please share additional information about the interpreter(s)/ interpreting agencies that you would like to request.

Name(s): _____

Agency: _____

State: _____ Phone #: _____

Email: _____

Name(s): _____

Agency: _____

State: _____ Phone #: _____

Email: _____