



Accommodations Renewal Form

Semester Requesting Accommodations: _____ **Date:** _____

Student Name	CBC ID#

Student Phone Number	Student Email Address

CBC Location (Please Check One): _____ Alice _____ Beeville _____ Kingsville _____ Pleasanton	
<u>If Dual Enrollment or Early College High School Student:</u>	
HS Name: _____ Counselor Name: _____	

Please answer each question below.

1. Please list your current accommodations.

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2. What academic successes and challenges did you have over this past semester? (Courses passed, withdrawals, etc.)

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3. What accommodations did not address your accessibility-related needs and why?

4. Did you have accommodations that you did not use? (If no- skip this question) If yes, which ones would you use in the future and why?

5. Which accommodations would you like to renew for the semester?

6. Do you believe additional accommodations are needed? (If yes, please explain why and book an appointment with the Disability Services Coordinator)

Student Signature: _____

Date Requested: _____

Disability Services Coordinator: _____

Date Received: _____