

RENEWAL REQUEST  
FOR DISABILITY ACCOMMODATION  
FORM G (Renewal of prior accommodations)



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**Student Information:**

\_\_\_\_\_

|            |                     |           |               |
|------------|---------------------|-----------|---------------|
| First Name | Middle Initial/Name | Last Name | Date of Birth |
|------------|---------------------|-----------|---------------|

I initially requested accommodation in \_\_\_\_\_ academic year.

At that time, I indicated my disability was \_\_\_\_\_ (type of disability).

I was granted the following accommodation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The qualified professional(s) who submitted supporting documentation for my prior request(s) was:  
\_\_\_\_\_  
\_\_\_\_\_

By signing this Form, I hereby authorize the release of the information requested on this Form, and I request that all additional information or supporting documentation be attached to this Form and returned to me for submission to ASL.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

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**To the qualified professional completing this form:**

1. Are you the professional who originally provided the documentation of this student's disability to ASL? \_\_\_\_\_
  - a. If not, who was that person? \_\_\_\_\_
  - b. Have you reviewed the documentation of that person? \_\_\_\_\_

c. Please specify all documentation that you have reviewed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. If not, please describe your credentials and experience in diagnosing and/or treating the student's disability. Include your licensing information and the name of the licensing agency. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. When did you last see this student in relation to his/her disability? \_\_\_\_\_

3. When was your last complete evaluation of this student? \_\_\_\_\_

4. In your professional opinion, has the student's diagnosis changed since the student's last request for accommodation? \_\_\_\_\_

a. If so, please state the new diagnosis. \_\_\_\_\_

5. In your professional opinion, has the student's ability to function changed in any significant way since the student's last request for accommodation? If so, please describe those changes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you recommending any changes to the student's accommodations at this time? If so, please describe those changes and the reasons therefor. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Qualified Professional

\_\_\_\_\_  
Date