

Student Accessibility Services 1 John Carroll Blvd. University Heights, Ohio 44118 Phone: (216) 397-4967 Fax: (216) 397-1820 Email: <u>sas@jcu.edu</u>

Disability-

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F. List any *recommendations for accommodations* appropriate for this student in a residential setting. The accommodations must link to the functional limitation.

G



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I. To your knowledge, will the student have a Personal Care Assistant (PCA)? ____Yes___No

If yes, please indicate the frequency of care that the student will likely need. This information will be used to aid Residence Life in assessing the type of access the student's PCA will need in order to assist the student if they reside in a residence hall.

Frequency: _____