



Silliman Student Injury Accommodation Form

Student Information

- Student Name: _____
- Grade / Homeroom: _____
- Parent/Guardian Name: _____
- Parent/Guardian Phone: _____
- Parent/Guardian Email: _____

Injury Information

- Date of Injury: ____ / ____ / ____
- Type of Injury (brief description): _____
- Documentation Provided (doctor's note, restrictions, etc.) _____
- If yes, describe: _____
- Was the student seen by a doctor?
☐ Yes ☐ No
- Medical Provider: _____
☐ Yes ☐ No

Requested School Accommodations

Check all that apply

Classroom & Academic Adjustments

- ☐ Extra time for assignments/tests
- ☐ Limited writing / use of technology instead
- ☐ Assistance carrying materials
- ☐ Modified seating
- ☐ Limited stairs
- ☐ Breaks as needed
- ☐ Other: _____

Physical Education / Recess Adjustments

- ☐ No PE
- ☐ Modified PE
- ☐ Limited activity at recess
- ☐ Other: _____

Mobility & Safety

- ☐ Use of crutches/wheelchair allowed
- ☐ Early class dismissal for safe travel
- ☐ Hallway buddy or assistance
- ☐ Restricted from playground equipment
- ☐ Other: _____

Duration of Accommodations

- Start Date: ____ / ____ / ____
- End Date (if known): ____ / ____ / ____
- Review Date (optional): ____ / ____ / ____

School Use Only

Reviewed By: _____

Date Received: ____ / ____ / ____

Approved Accommodations ☐ Yes ☐ No

Administrator Signature: _____ Date: ____ / ____ / ____