



Sea Education Association

# SEASCape

## Preliminary Accommodations Form

**Class #/Program:** \_\_\_\_\_

**CONFIDENTIAL**

**Read carefully, sign, and return to SEA immediately ONLY if you require accommodations.**

This information is required by SEA for preliminary safety, participation, and accommodation considerations.

SEA programs are often physically demanding. It is important that you communicate any needs for special accommodations and/or any potential problems to SEA’s Office of Student Services as soon as possible. This will help us determine to what extent we may be able to help you, and whether or not we can provide you with an acceptable accommodation for participation on shore.

Please check areas that apply to you either temporarily or long term, and note **specifics** in the space provided (use the back page for extra space):

- Mental, learning, or physical disability: \_\_\_\_\_
- Take medications regularly (for conditions such as diabetes, epilepsy, heart condition, etc.):  
\_\_\_\_\_
- Special diet required (for medical reasons only): \_\_\_\_\_
- Other potential problems or concerns: \_\_\_\_\_
- I would prefer to speak privately with the Office of Student Services.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Class/Program: \_\_\_\_\_ Date: \_\_\_\_\_

*Return this form **only** if you have checked any of the boxes noted above.*

**Contact: Virginia Land McGuire, Associate Dean of Student & Financial Services, [vland@sea.edu](mailto:vland@sea.edu)**