



## Budget Request Form FY2013

Department should complete one form for each individual request

**Department:** Disability Services

**Program, Service, or Operation Requested**

*Student Development Specialist II*

SSFAB Use Only	
YES	NO

**General Description:**

*Disability Services is requesting funding for an additional entry level Accommodations Counselor position (SDS II) to work with a caseload of students.*

**Request Type:**     Full     Increase     One-Time     Partial/Matching

**General Questions:**

***How does this increase impact students, and what motivated this request (needs, strategic planning, etc.)?***

The number of students with disabilities requesting accommodations from Disability Services has increased dramatically in the last several years. In order to continue to provide excellent service and be able to develop relationships with our students, DS needs an additional counselor to work with a caseload of students.

***How do other sources of funding (fundraising, sponsorship, reserves, etc.) been considered? Please explain.***

Given that this is a permanent expense for the department, other sources of funding are not available.

***Generally, what assessment tools will you use to evaluate this program/service?***

Disability Services conducts assessment with our students and faculty to determine the effectiveness of our services.

**Funding Description:**

	Dollar Amount
<b>Total Estimated Cost</b>	<b>\$46,080.00</b>
<i>Less Estimated Partial/Matching Funds (if applicable)</i>	
<b>TOTAL SSFAB INCREASE REQUEST</b>	<b>\$46,080.00</b>

SSFAB Comments/Notes: