

Student Disability Services Cornell Health, Level 5 110 Ho Plaza Ithaca, NY 14853 Phone: (607) 254-4545 Fax: (607) 255-1562 http://sds.cornell.edu

## **Voluntary Inclement Weather Questionnaire**

This purpose of this form is to provide information regarding path of travel on and around campus for students with mobility impairments who will be significantly affected by snow and ice. SDS will provide the information on this form to the ADA Coordinator in Facilities Management to coordinate snow removal with Grounds, Maintenance, and Building Care staff. Timely snow removal is continual challenge in the winter. This process is an effort to address your individual travel challenges.

Date: / /	_ Semester and year this plan is f	or:
Name:		
Cell Phone:	Net ID:	
Campus Address:		
Form of travel: Auto	TCAT bus	CULift
Campus Parking Location (if a	applicable):	
Specific need(s) and considera	ations in planning access to and from	m these locations:

To help better identify snow and ice removal needs, please list below during the paths of travel you will use at specific times for most weeks throughout the semester.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30					
AM					
8:00					
0.00					
9:00					
10:00					
11:00					
12:00					
PM					
1:00					
2:00					
3:00					
4:00					
4.00					
5:00					
6:00					
7:00					
8.00					
8:00					
9:00					
		1	1	1	1