RECOMMENDED ACCOMMODATIONS

Date:

The purpose of this letter is to advise you that Student Development/Disability Services has appropriate documentation on file for, and is working with:

Name: ID #:

Accommodations appropriate for this student are indicated below. This student may need your help in implementing some of these accommodations in order to meet requirements of this class. Thank you in advance for your support to this student.

SPECIAL TEST ADMINISTRATION

- Extended time on tests (x2); (other ___) (F)
- Word processing (DS,F,S)
- Scribe (DS)
- Reader (DS)
- Other assistance (DS)
- Quiet/low distractions setting (F,DS)
- Oral exam (F,DS)
- Enlarged copy (F,DS)
- Braille (DS)

OTHER ACCOMMODATIONS

- Make-up work created by absences due to documented medical disability (F)
- Accessible tables/desk/chairs (DS)
- Extended time for short-term/daily assignments (F)
- Enlarged print (syllabi/handouts) (F,DS)
- FM loop (DS)
- Elevator Priority (DS)
- Other assistance (F,DS,S)
- Accessible classroom/location (DS)
- Interpreters (see enclosure) (DS)
- Lab accessibility/assistance (F,DS)
- Special seating (F,DS)
- Taped lectures (S)
- Braille copy (DS)
- Note takers (volunteer) (S,F,DS)

If you have any concerns regarding these accommodations and/or your responsibility for their implementation, please call or come by the Disability Support Services office in the Galehouse Building, A-215.

Bill Parker, Coordinator (Ext. 7012)
Susan Sullivan, Assistant Coordinator (Ext. 7158)
Disability Support Services

Responsibilities Legend:
F= Faculty, S=Student,
DS=Disability Services

Note: Absences must not exceed class attendance policy.

I have read this form and understand that it is my responsibility to submit this accommodation sheet to each of my instructors and to request appropriate accommodations. It is also my responsibility to remind my instructors each time accommodations are needed.

Student’s Signature ___________________________ Date ___________________________