

# Accessibility Resources Sample Accommodation Form



**Academic Achievement Center, Services for Students with Disabilities**

50 Oakland Street, Wellesley Hills, MA 02481, Room 308  
19 Flagg Drive, Framingham, MA 01702, Room 306  
Email: info@massbay.edu

Phone (781) 239-2234  
Phone (508) 270-4267  
www.massbay.edu

FAX (781) 239-1047  
FAX (508) 872-4067  
TTY (781) 239-2513

## LEARNING AND TESTING ACCOMMODATIONS FORM

To Professor: \_\_\_\_\_

Course \_\_\_\_\_ Section \_\_\_\_\_ Time \_\_\_\_\_

From: \_\_\_\_\_ Learning Specialist, Disability Services

Date: \_\_\_\_\_ Semester/Year

\_\_\_\_\_, might require accommodations to the learning and/or testing environment due to a documented disability. This student understands that all course standards and due dates must be met, but an alternative learning/testing approach might be appropriate given this student's academic profile. A comprehensive, independent, diagnostic evaluation indicates that the following accommodations are appropriate for this student.

- Time extensions for exams
- Exam questions read aloud
- Use of a scribe for exams
- Exams administered in distraction-free environment
- Use of a tape recorder in the classroom
- Classroom note taker
- Use of textbooks on tape
- In-class assignments done either on a word processor or excluding spelling or handwriting evaluation process
- Access to adaptive computer equipment in class and lab settings
- Use of FM Loop for auditory amplification
- Universally accessible classroom
- Other \_\_\_\_\_

*I am happy to confer with you and the student if you would like to discuss ways for incorporating these accommodations into your course structure.*

Office: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Learning Specialist \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_

Professor \_\_\_\_\_ Date \_\_\_\_\_

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