Accessibility Resources Sample Accommodation Form

LEARNING AND TESTING ACCOMMODATIONS FORM

To Professor: __________________________________________

Course ___________________________ Section ______ Time __________________

From: __________________________________________ Learning Specialist, Disability Services

Date: __________________________________________ Semester/Year __________________

__________________________________________________________________________

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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