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 ____________________________________________________________

__________________________________________________________________________

_________________________________________ Date _____________
Learning Specialist

_________________________________________ Date _____________
Student

_________________________________________ Date _____________
Professor

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