THE INFORMATION PROVIDED BELOW IS STRICTLY CONFIDENTIAL AND SHOULD REMAIN SOLEY BETWEEN THE STUDENT AND THE INSTRUCTOR.

STUDENT _________________________  INSTRUCTOR _____________________

J # ___________________________  COURSE __________________________

SEMESTER __________________________

The above student is registered with the Center on Disability as having a documented disability that required the provision of special classroom accommodations. Below we have noted the accommodations for which this student has been determined to be eligible. This determination is based upon the individual needs of this student in relation to the specific requirements of the course. If you have any questions or concerns regarding these accommodations, please do not hesitate to discuss them further, in private, with the student or contact an appropriate staff member in the Center on Disability.

RECOMMENDED ACCOMMODATIONS:

___ Reader  ___ Scribe  ___ Notetaker  ___ Enlarged Text  ___ Books on Tape

___ Interpreter  ___ Lab Assistant  ___ Tape Recorder  ___ Calculator  ___ Spell Checker

___ Computer Assistive/Adaptive Technology

___ Alternative Testing: ___ extended time = time and one-half ___

= double time ___

___ distraction-reduced setting

___ test enlargements

___ assisted testing using the services of assistive/adaptive technology, reader, or scribe

Additional Comments: