



CONFIDENTIAL INFORMATION: ADA/504 ACCOMMODATIONS

Instructor: _____ Semester _____

Course Title/Number _____

Student: _____ Date _____

This student has an identified disability. The following checked accommodations and modifications have been determined to be appropriate for this student’s disability and should be made available without penalty to the student:

- 1. Use of a tape recorder in the classroom
- 2. Use of textbooks on tape
- 3. Time extensions for completing exams/projects
- 4. Use of an in-class note taker
- 5. Use of a calculator for in-class assignments and for exams when appropriate
- 6. Exclusion of spelling as an evaluation item on in-class assignments
- 7. Readily available assistance in reading exams and other in-class materials
- 8. Alternative testing settings (i.e., testing alone in the Center for Academic Success)
- 9. Oral questions examinations to supplement or replace written tests
- 10. Use of Peer Tutor system (through the Center for Academic Success)
- 11. Other: _____

If you have any questions about how to provide these accommodations for this student, please contact Shelley Freese (6152) at the Center for Academic Success in Room 208. Documentation of the characteristics of this disability and further explanation of the need for these accommodations can also be obtained from Shelley Freese. The student has received a copy of this form.

Student _____ Date _____

C.A.S. staff _____ Date _____

Please sign and return **this bottom portion** to Shelley Freese at the Center for Academic Success to confirm that you are aware that _____ needs these accommodations.

Instructor’s signature _____ Date _____

Course _____ Semester _____