

**SERVICES FOR STUDENTS WITH DISABILITIES (SSD)
ACADEMIC ACCOMMODATION INFORMATION FORM**

Name SS or ID Number Semester

This student is registered at Services for Students with Disabilities. Documentation is on file at SSD that fully meets all institutional criteria for designation as an individual with a disability. The following academic accommodations have been approved pursuant to the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

CLASSROOM ACCOMMODATIONS:

1. Preferential seating. _____
2. Taping of lectures.
By student _____
3. Sign language interpreter.
4. Note taker
5. Textbooks on tape
6. Assistant for lab class
7. Adaptive equipment _____

Other: _____

TESTING ACCOMMODATIONS

1. Minimal distraction/individual area (monitored by SSD staff)
2. Scribe
3. Large print exams and quizzes _____
4. Extended time: exams – quizzes
(DOES NOT INCLUDE FINAL EXAMS)
Scheduled class period only _____
1 ½ (class period), _____
double (class period) _____
5. Computer/Adaptive equipment
6. Oral Questions/answers to supplement or replace written exams and quizzes

Please sign, date, and comment as desired. A copy of this form will be forwarded to you for your records. If you have questions or concerns, contact Dr. Michael Elrod at 257-2120. Thank you.

* Course	Print Name	Signature	Date

Student Signature Dean Date