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 _____
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.

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Portions of this form adapted from University of Arizona’s Center for Disability Related Resources 9/15/03