

Semester: _____

Disability Services Letter of Accommodations

Student:

more about this student's learning style, these	
SPECIAL TEST ADMINISTRATION	OTHER ACCOMMODATIONS
Extended time on tests (time and a half)	Make-up work created by absences due to documented medical disability
Word processing	Accessible tables/desks/chairs
Breaks during exams Quiet/low distraction setting (separate room)	Extended time on in-class assignments (time and a half) Allow use of tape recorder
Enlarged copy	Leaves class as needed (medical disability)
Student writes on exam	Interpreters
Segmented testing	Lab accessibility/assistance
Other assistance:	Preferential seating
	Enlarged print (syllabi/handouts)
	Needs notes of lectures from teacher or classmate (e.g. photocopy)
	Other accommodations:
other students in class. This student has signed and should be handled accordingly. Please be of exceptional needs in the presence of his or her	n made, this student should be graded according to the same standards used for a release form permitting us to share this information, which is CONFIDENTIAL considerate of the student's sensitivity and avoid calling attention to his or her peer group in the classroom. If you have any concerns regarding these r implementation, please contact Johanna Underwood at 252-823-5166 x263, or
accommodations of your responsionity for their	