

## RECOMMENDED EDUCATIONAL ACCOMMODATIONS

EXAMS & QUIZZES		
<input type="checkbox"/> Extended time How much time (1.5) (2) ( )	<input type="checkbox"/> Enlarged print/front size <input type="checkbox"/> Reader <input type="checkbox"/> Scribe for: ( ) Exams/Quizzes ( ) Transfer to Scantron <input type="checkbox"/> Oral testing/SARA scanning & Reader	<input type="checkbox"/> Electronic magnifier mouse <input type="checkbox"/> 4 function Calculator <input type="checkbox"/> #_____ break(s) every {            } minutes
<b>Comments:</b>		
WRITING CLASS NOTES & ASSIGNMENTS		
<input type="checkbox"/> Tape recording lectures <input type="checkbox"/> Note taker <input type="checkbox"/> Use of personal equipment <input type="checkbox"/> Use of textbook on tape	<input type="checkbox"/> Notetaking: Powerpoint or email notes <input type="checkbox"/> Tutor <input type="checkbox"/> Lab Tutor	
<b>Comments:</b>		
SEEING WRITTEN MATERIALS		
<input type="checkbox"/> Color Adaptation <input type="checkbox"/> Enlarged print/font size	<input type="checkbox"/> MP3 recorder <input type="checkbox"/> Adapted computer	<input type="checkbox"/> Reader <input type="checkbox"/> CCTV/ Magnifier
<b>Comments:</b>		
HEARING LECTURES & DISCUSSIONS		
<input type="checkbox"/> Sign language interpreter <input type="checkbox"/> Oral interpreter <input type="checkbox"/> Assistive listening device		
<b>Comments:</b>		
USING CAMPUS FACILITIES & EQUIPMENT		
<input type="checkbox"/> Table and/or chair in classroom <input type="checkbox"/> Preferential seating (front row)		
<b>Comments:</b>		
Licensed Professional: _____ Certification/Licensure #: _____		Date: _____ Date: _____
Revised 1/22/2020		