

Disability Services Center Request for Reasonable Accommodations

Student's Name: _____ Course Name: _____
 Semester: _____ Professor: _____

The above named student is registered as a student with a disability in the Disability Services Center. He/she has provided documentation which supports the reasonable accommodations indicated below.

TESTING ACCOMMODATIONS		CLASSROOM ACCOMMODATIONS
Provided by Professor	Provided by Disability Services	
<input type="checkbox"/> Extended time* (1 ½)	<input type="checkbox"/> Extended time* (1 ½)	<input type="checkbox"/> Peer Note-taker**
<input type="checkbox"/> Extended time* (double)	<input type="checkbox"/> Extended time* (double)	<input type="checkbox"/> Taped Lecture
<input type="checkbox"/> Separate location	<input type="checkbox"/> Separate location	<input type="checkbox"/> Extra time for assignments***
	<input type="checkbox"/> Reader/Scribe	<input type="checkbox"/> Copies of lecture notes and/or study guides if available
	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> FM Listening System
	<input type="checkbox"/> Sign Language Int.	<input type="checkbox"/> Sign Language Int./CART

ADDITIONAL ACCOMMODATIONS:

Disability Services Staff Signature _____ Student's Signature _____ Date _____

**Accommodations become effective once this letter is signed by Faculty.
STUDENTS must RETURN this ORIGINAL signed letter to Disability Services.**

ATTENTION FACULTY

***Testing:** Tests taken through Disability Services are NOT proctored, extended time for testing does NOT allow the student the ability to take the exam at a later date, and extra time should NOT interfere with the student's regularly scheduled classes.

****Peer Note-Taker:** Please recruit a volunteer note-taker from the class. Because the student needing assistance may wish to remain **anonymous**, please discuss this with the student prior to requesting volunteers.

***** Assignments:** This allows the student to **request** an extension. The professor will determine if the request is reasonable, and therefore, whether or not to grant the extension.

If you have any questions or concerns, please feel free to contact Disability Services in Craig-Lee Room 127, 456-8061, aroccio@ric.edu, or cqillen@ric.edu. Professors may make copies of this letter for his/her records. Thank you for your assistance.

I have read and understand the above information and hereby acknowledge the above student's request for reasonable accommodations.

Faculty Signature

Date