

CENTRAL LAKES COLLEGE

Office of Disabilities

Accommodation Request for Students with Disabilities

Counseling Center– Office C111- ext 8175 phuss@clcmn.edu

Instructor Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Semester:            Fall/Spring/Summer            2010/2011

Course: \_\_\_\_\_ Section \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

This Student has a documented disability, if you have any questions, please call Paula @ 8175

Accommodation Requested

\_\_\_\_\_ Separate Room-(Disability Services Lab)

\_\_\_\_\_ Reader- Kurzweil- Text to Speech

\_\_\_\_\_ Scribe- Assistive Technology (Dragon Speak)

\_\_\_\_\_ Oral Exam

\_\_\_\_\_ Use of Aids or Materials

\_\_\_\_\_ Extra Time Allowed- 150% or 200%

Check all materials or equipment that the student is allowed to use during testing:

- |                                    |                       |  |
|------------------------------------|-----------------------|--|
| _____ Calculator                   | _____ Dictionary      | _____ NO assistive materials allowed for this test |
| _____ Electronic speller/thesaurus | _____ Laptop computer | _____ Open notes                                   |
| _____ Note cards                   | _____ Open textbook   | _____ Language Master                              |

How will you deliver test to Paula in Disability Services?            \_\_\_\_\_ In Person    \_\_\_\_\_ Mailbox

How do you want the test returned to you?            \_\_\_\_\_ In Person    \_\_\_\_\_ Mailbox

Instructor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please sign this form and make a copy for your records. This original Document must be returned to Paula Huss- Disability Coordinator for Student's file.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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