

**DISABLED STUDENTS PROGRAMS AND SERVICES (DSPS)**

Semester: \_\_\_\_\_

Cunningham 120, (954-5330)

Year: \_\_\_\_\_

**DISABILITY/ACCOMMODATIONS NOTICE**

Name of student: \_\_\_\_\_ SS#: \_\_\_\_\_

This form provides information concerning a student with a disability who is enrolled in your \_\_\_\_\_ class, day(s): \_\_\_\_\_, time: \_\_\_\_\_, during the \_\_\_\_\_ semester. A DSPS counselor has determined the student has a verified disability and based upon the student's functional limitations, he/she recommends the accommodations & services described below. This information is intended to assist the instructor and DSPS to provide appropriate accommodations & services, as required by law, and to maintain academic integrity and educational standards.

**FUNCTIONAL/EDUCATIONAL LIMITATIONS**

Within the educational environment of this college, the student's educational limitation(s), resulting from a verified disability, affect his/her ability to do the following tasks:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Test Taking     | <input type="checkbox"/> Processing Information | <input type="checkbox"/> Accessing Equipment |
| <input type="checkbox"/> Note Taking     | <input type="checkbox"/> Memory                 | <input type="checkbox"/> Learning            |
| <input type="checkbox"/> Handwriting     | <input type="checkbox"/> Spelling               | <input type="checkbox"/> Facility Use        |
| <input type="checkbox"/> Seeing          | <input type="checkbox"/> Reading                | <input type="checkbox"/> Sitting             |
| <input type="checkbox"/> Hearing         | <input type="checkbox"/> Composition            | <input type="checkbox"/> Walking/Climbing    |
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Concentration          | <input type="checkbox"/> Other               |

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

**RECOMMENDED ACCOMMODATIONS & SERVICES**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Note Taking Assistance  | <input type="checkbox"/> Alternate Media Materials:                     | <input type="checkbox"/> Testing Accommodations                  |
| <input type="checkbox"/> Class Aide              | <input type="checkbox"/> Text, <input type="checkbox"/> Class Materials | <input type="checkbox"/> Extra Time - <input type="checkbox"/> x |
| <input type="checkbox"/> Tape Recorder           | <input type="checkbox"/> Taped  | <input type="checkbox"/> Quiet Room                              |
| <input type="checkbox"/> Scribe                  | <input type="checkbox"/> Enlarged                                       | <input type="checkbox"/> Taped                                   |
| <input type="checkbox"/> Adapted Computer        | <input type="checkbox"/> Braille  | <input type="checkbox"/> Reader                                  |
| <input type="checkbox"/> Seating/Furniture       | <input type="checkbox"/> Other  | <input type="checkbox"/> Scribe                                  |
| <input type="checkbox"/> Reader                  | <input type="checkbox"/> Interpreter                                    | <input type="checkbox"/> Enlarged                                |
| <input type="checkbox"/> Other Adapted Equipment | <input type="checkbox"/> RTC  | <input type="checkbox"/> Computer                                |
| <input type="checkbox"/> CCTV                    | <input type="checkbox"/> FM Listening Device                            | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Other Accommodations    |   |  |

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

I have reviewed this document and received a copy: \_\_\_\_\_

Student Signature

Date

I agree that information contained in this document may be shared with instructors and other campus personnel who have legitimate educational interests, for the purposes of providing appropriate services on my behalf. Initial: \_\_\_\_\_ DSPS Counselor: \_\_\_\_\_