

ADA Reasonable Accommodation

Log-in #: _____

Student : [Click here to enter text.](#)

CIN: [Click here to enter text.](#)

The student named above has been certified as an individual with a protected disability under The Americans with Disabilities Act (ADA) of 1990. To have equal access to instruction, programs, services, and activities required by the ADA, this student requires the accommodations indicated below. **If you have any questions concerning these requirements or would like to discuss alternative approaches to providing reasonable accommodations, please feel free to call OSD at (323) 343-3140 TDD (323) 343-3139, or you may refer to the *OSD Policy and Procedures Manual* at www.calstatela.edu/univ/osd**

OSD SPECIALIST: _____ Date: [Click here to enter a date.](#)

CERTIFIED ACCOMMODATIONS:

- | | | |
|---|--|---|
| <input type="checkbox"/> Testing Accommodations | <input type="checkbox"/> E-Text | <input type="checkbox"/> Furniture Accommodation _____ |
| <input type="checkbox"/> Assistive Listening Device | <input type="checkbox"/> Tape Record Lectures | <input type="checkbox"/> Computer Assisted Transcribing |
| <input type="checkbox"/> Note Taking Services | <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Real Time Captioning | <input type="checkbox"/> Specific Seating Assignment | |

APPROVED TESTING ACCOMMODATIONS BY OSD:

- Time and a half (50%) Double Time (100%) Computer CCTV E-Text/ Braille (alternate format)
- Use of separate room for reduced distraction Other _____
- Proctor:** to read exam aloud to record responses to assist with mechanics of writing / spelling

INSTRUCTOR'S EXAM INFORMATION:

Full Course Number: _____ Instructor Name (Printed): _____

Contact email: _____ Personal Extension: _____

Class Exam Date: _____ Class Exam Time: _____ Time given class: _____

Student Exam Date (if different): _____ **(We will attempt to schedule exam as close as possible to class time)**

Allowed materials for exam: _____

Signature: _____ Date: _____

PROCTOR FORM INSTRUCTIONS (students):

All proctor forms **MUST** be submitted one week (7 business days) prior to exam date (i.e. tests, quizzes, exams, midterms) and two weeks (14 business days) prior to first day of finals week. Students are required to submit the forms (we cannot accept forms from instructors). OSD will return the exam the next day unless professor indicates they would like to come in and pick it up themselves.

TEST SUBMISSION INSTRUCTIONS (instructors):

Email test to: OSDExams@cslanet.calstatela.edu **48 HOURS (2 business days) prior to the test date**, especially for those in Braille format. This is required to ensure that the students can begin tests on time. *If you prefer you may also walk the test to the OSD office at least 24 hours prior to test date.

-OSD OFFICE ONLY-

Date submitted _____ Received by _____ Proctor Assigned _____

(Accommodation) **Double Time:** _____ (hrs.) _____ (mins.) **Time 1/2 :** _____ (hrs.) _____ (mins.) **Schedule Time:** _____

Start Time: _____ End Time: _____ Quiz: _____ Midterm _____ Final _____

Delivered by: _____ Delivered to: _____ Department: _____ Date: _____