

ADA Reasonable Accommodation

The student named below has been certified as an individual with a protected disability under The Americans with Disabilities Act (ADA) of 1990.

Student Name: _____ CIN: _____

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* www.calstatela.edu/univ/osd**

- | | |
|--|--|
| _____ Testing Accommodations | _____ Tape record class lectures |
| _____ Assistive listening device | _____ Sign language interpreter service |
| _____ Note taking services | _____ Special seating assignment: _____ |
| _____ Other specialized equipment: _____ | _____ Specific furniture in classroom: _____ |
| _____ Real Time Captioning | _____ Computer Assisted Transcribing |
| _____ Other: _____ | |

Approved Testing Accommodations

- | | | |
|--|---|--------------------|
| _____ Double time (100%) | _____ Proctor: | _____ Other: _____ |
| _____ Time and a half (50%) | _____ To read the exam aloud | _____ |
| _____ Computer | _____ To record responses | _____ |
| | _____ To assist with mechanics of writing | _____ |
| | _____ To assist with spelling | _____ |
| _____ Use of separate room free of visual and auditory distractions: _____ | | |
| (OSD will assign room available) | | |

OSD Specialist: _____
Signature Date

I am aware and acknowledge the approved accommodations that are afforded to the above named student

Instructor Name: _____
Signature Date

INSTRUCTOR COMPLETE FOR EXAMS AND QUIZZES

Course: _____ Instructor: _____ Signature: _____

Class Exam Date: _____ Class Exam Time: _____

Student Exam Date _____ (discuss with student) Time Given to Students _____ hr.(s) _____ min. (s)

Please check (✓) materials needed for exam:

- Text Book Needed
 Notes Needed
 Formulas Needed
 Tables Needed
 Calculator Needed

***We will attempt to schedule exam as close as possible to class time.**

TEST DELIVERY INSTRUCTIONS: E-mail to OSDExams@cslanet.calstatela.edu For exams in Braille format, OSD requests that exams be submitted to the office in electronic version 72 hours prior to exam time. All other exams must be submitted 24 hours prior to exam date and time.

TEST RETURN INSTRUCTIONS: OSD will deliver the exam to the department office at 10:00 a.m. the next business day.

FOR OFFICE USE ONLY

Submitted:	Received by:
Proctor Assigned:	Exam Time:
Accommodation Time _____ hrs.(s) _____ min. (s)	