



# THADDEUS STEVENS COLLEGE OF TECHNOLOGY

## OFFICE OF COUNSELING/DISABILITIES

### APPROVED ACCOMMODATIONS NOTIFICATION FORM

Student: \_\_\_\_\_ ID: \_\_\_\_\_  
 Year: \_\_\_\_\_ Semester: \_\_\_\_\_ Program: \_\_\_\_\_

Instructors	Course
_____	_____
_____	_____
_____	_____

**OTHERS WITH A SPECIFIC NEED TO KNOW**

- |                                               |                                                 |                                             |
|-----------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Advisor: _____       | <input type="checkbox"/> Dining Service Manager | <input type="checkbox"/> Dir Residence Life |
| <input type="checkbox"/> Dir Student Services | <input type="checkbox"/> Medical                | <input type="checkbox"/> Dir of Retention   |
| <input type="checkbox"/> Dir of Pre- Major    | <input type="checkbox"/> Advocate/Test Proctor: | <input type="checkbox"/> Tutor              |

In compliance with the American with Disabilities Act of 1990, the 2009 Amendment Act, and Section 504 of the Rehabilitation Act of 1973 any student who self-discloses a disability and who is "otherwise qualified" may be approved for reasonable accommodations.  
 The above student is approved to receive the following accommodations by the Counseling/Disabilities Coordinator. These accommodations should not fundamentally alter pace, content, or essential skills required for any course or program of study.  
 Please retain this form as this serves as the contract between the college and the student to provide the services indicated. The student may choose to not use the accommodations, and the student may choose to discuss the nature of his disability in person; however, any concerns related to these accommodations, or any variations to the accommodations must be discussed with the Counseling/Disabilities Coordinator for approval.

- AUDITORY PRESENTATION OF WRITTEN MATERIALS:**  
Access to text to speech software, audio tape lectures, tests read, use e-textbooks that can be read on-line
- CALCULATOR-** A standard 4 function calculator permitted all math related work unless calculation skills assessed
- ENLARGED PRINT** - Print materials provided in large font, Print materials provided on line, student may magnify.
- NOTE-TAKER/SCRIBE:** Tutor takes notes - provides copy, instructor power point, audio-tape lectures, personal computer for notes.
- TEST ACCOMMODATIONS:** Instructor provides for all students, or student may work with the instructor during the test. Students may choose to use a location outside the classroom which will require an assigned proctor and must be scheduled through the CDC by email at [schuch@stevenscollege.edu](mailto:schuch@stevenscollege.edu).
  - Students must request accommodations at least 2-3 days prior to the date of the test.
  - Students must provide test date and time, instructor name, and time needed for test, for each request. .
  - A proctor will be assigned and notify the student via email of the place and time of the test.
  - Students may need to schedule the test at times other than the scheduled class time.
- DISTRACTION FREE TEST ENVIRONMENT:** Test may be taken in a room near the instructor under instructor supervision, or in another location with an assigned proctor. Location must be private, free of other individuals coming in and out of the room, and noise from areas outside the room.
- AUDITORY TESTING-**Tests are read as written to the student. Questions are not rephrased, or explained.
- ORAL/SCRIBE SUPPORTED TESTING-** Students may dictate their answers to a scribe who writes the answer exactly as the student states them. Or the student may verbally respond to questions asked by the instructor.
- PREFERED SEATING-**near instructor
- OTHER (Note: May not disrupt Learning Environment)** \_\_\_\_\_

**ACADEMIC SUPPORT-**

\_\_\_ **MONITORING:** Use of Labs, Tutoring, Attendance, Assignment Completion.

\_\_\_ **STUDY SKILLS:** How to Read a Textbook, Study Aids, Organization/Planning of Assignments, Use of planner or scheduler, How to use a Study Group, Test Taking Strategies, How to Review for a Test.

\_\_\_ **TUTORIAL SUPPORT:** \_\_\_\_\_

**HELPFUL STRATEGIES FOR THIS STUDENT MAY INCLUDE:**

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**PERSONAL/ SOCIAL SUPPORT-**

\_\_\_ COUNSELING- WEEKLY

\_\_\_ COORDINATION WITH COMMUNITY SUPPORTS

\_\_\_ DISABILITIES OFFICE FOLLOW UP- ADJUSTED AS NEEDED

\_\_\_ MINIMUM- 2 MEETINGS PER SEMESTER/AS NEEDED

\_\_\_ MODERATE-6+ BEGINNING, MID- TERM AND

\_\_\_ BI-MONTHLY-

\_\_\_ WEEKLY-

**THE STUDENTS SIGNATURE BELOW INDICATES THAT HE OR SHE**

- UNDERSTANDS THE ACCOMMODATIONS LISTED AND HOW THE ACCOMMODATIONS ARE PROVIDED
- AGREES THAT THESE ACCOMMODATIONS AND INTERVENTIONS ARE APPROPRIATE FOR HIS OR HER LEARNING NEEDS.
- UNDERSTANDS THAT HE OR SHE IS EXPECTED TO COORDINATE ACCOMMODATION SERVICES THROUGH THE COUNSELING/DISABILITIES OFFICE.
- UNDERSTANDS HIS OR HER RIGHT TO ACCEPT OR DECLINE ACCOMMODATIONS,
- UNDERSTANDS THAT STEVENS IS NOT ACCOUNTABLE FOR STUDENTS WHO DO NOT FOLLOW PROCEDURES, OR THE RECOMMENDED ACCOMMODATIONS.
- UNDERSTANDS THE STUDENT IS RESPONSIBLE FOR SEEKING ASSISTANCE, AND COMPLYING WITH THE RECOMMENDED SUPPORT SERVICES AS DEEMED APPROPRIATE BY THE COLLEGE.
- UNDERSTANDS THAT ACCOMMODATIONS ARE NOT A GUARANTEE OF SUCCESS.
- UNDERSTANDS THAT ACCOMMODATIONS MAY NOT ALTER THE PACE, ACADEMIC STANDARDS, OR ESSENTIAL SKILLS OF A COURSE
- UNDERSTANDS THAT HE OR SHE IS REQUIRED TO MEET THE ESSENTIAL SKILLS OF HIS CHOSEN PROGRAM OF STUDY WITH OR WITHOUT ACCOMMODATIONS
- PERMITS SHARING OF INFORMATION BETWEEN AND AMONG THOSE INDIVIDUALS WHO HAVE A "NEED TO KNOW"
- UNDERSTANDS THAT AS AN ADULT OVER THE AGE OF 18 PARENTS/GUARDIANS MAY NOT REQUEST SERVICES, RECEIVE INFORMATION OR ACT ON THEIR BEHALF WITH OUT THE STUDENTS WRITTEN CONSENT.
- UNDERSTANDS THE GRIEVANCE PROCEDURE IF THE STUDENT IS NOT SATISFIED WITH DISABILITY SERVICES AND ACCOMMODATIONS.

\_\_\_\_\_  
STUDENT NAME (PRINTED)

\_\_\_\_\_  
STUDENTS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEBRA A. SCHUCH, DISABILITY COORDINATOR  
rvsd 5-14

\_\_\_\_\_  
DATE