



Name: _____ Date: _____

V#: _____

Additional accommodations requested or alteration request to currently approved accommodations:

Notetaker_____	Texts in alternate format_____
Sign Language Interpreter_____	Audio_____
Typewell_____	Braille_____
Testing accommodations_____	Other (be specific) _____
Extended time_____	_____
1.5x_____	_____
2.0 x_____	
Limited distraction room_____	Classroom seating:
Reader_____	Chair_____
Scribe_____	With arms_____
Computer_____	Without arms_____
	Cushion seating_____
	Chair with back support_____
	Table_____
	Other (be specific): _____ _____

Reason for additional accommodation or alteration in currently approved accommodations (please be specific):

*****If accommodations requested above are approved, such accommodations are eligible for use from the date approved and forward. Newly added accommodations cannot be retroactive to prior terms or classes*****

(Do not write below, for office use only)

Official Response _____ _____ _____	
Date Approved: _____	Approved by: _____