

# School Letter Head

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**\*Confidential\***

## NOTIFICATION OF ACADEMIC ACCOMMODATIONS

To the Professor of \_\_\_\_\_ John Smith \_\_\_\_\_  
(Print Name of Student)

The above-named student is enrolled in your course. Access-Ability Services has thoroughly reviewed this student's documentation and has determined that, according to ADA/504 guidelines, the following accommodations are necessary to maximize the student's participation and success in your class.

### TESTING ACCOMMODATIONS

- Extended Time (2.0x)
- Separate Location
- Use of non-scientific calculator
- Assistive Technology (\_\_\_\_\_)
- Scribe/Reader
- Other: \_\_\_\_\_

### CLASSROOM ACCOMMODATIONS

- Use of audio recorder
- Note-taker
- Use of non-scientific calculator
- Assistive Technology (\_\_\_\_\_)
- Sign Language Interpreter
- Extended time on in-class writing assignments
- Other: \_\_\_\_\_

The implementation of academic accommodations is a *shared responsibility* between the student, the professor and Access-Ability Services. The student has been encouraged to discuss the accommodations listed above with you. If you have any questions, you may contact Access-Ability Services, Room D-205, Ext. 5175. AAS welcomes your questions and input regarding this process.

After the necessary accommodations have been made, the student should be graded according to the same standards used for other students in your class. Thank you for assisting in providing equal access and opportunity for all students at KCC.

Signature of AAS Program Manager: Stella Woodroffe Date 01/01/12

Signature of Student John Smith Date 01/01/12