

**Accommodations Data Sheet**

**EXAMPLE**

**SOUTHERN ADVENTIST UNIVERSITY**

Date: January x, 20xx

**To: Instructor:** Professor's Name                      **Class:** Title of class

**From: Student:** Student's Name

The Accommodations Committee has examined my documentation and determined that I fit the legal description of a person with a disability.

To help equalize my access to academic programs, the following adjustments/accommodations are recommended as generally helpful:

- Extended time on tests
- Low distraction testing environment
- Use of SmartPen for note-taking

Additional Information (to keep you aware of other factors involved):  
Recorded textbooks/e-books

*Note: Testing accommodations do not apply to nursing skills performance*

*\*Standard extra time equals time-and-a-half.*

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**NOTE TO THE INSTRUCTOR:  
From the Disability Services Coordinator**

This data sheet has been prepared according to the recommendations of the Accommodations Committee called to consider this student's request(s). The information on this sheet is confidential. You and the student may negotiate the options that will be best for both of you in making accommodations. Disability Support Services (236-2544) is available to proctor tests for students who need accommodations that cannot be provided by the school/department. If you wish to access DSS for such services, refer to the policies and procedures on the Proctoring Form and on the DSS website. Please contact DSS if you have any additional questions or concerns regarding this student. Thank you for your consideration of this student's needs.

\_\_\_\_\_  
Signature of Disability Services Coordinator

\_\_\_\_\_  
Date

The student named above has given me this form. I have signed it below and am returning this copy to the Disability Support Services.

\_\_\_\_\_  
Signature of instructor

\_\_\_\_\_  
Date of signature