



Office of Academic Excellence and Student performance
Differently Abled Services (DSS) Accommodations/Alternative
Learning Plan Form

Instructions: You must complete one form for each course you are requesting accommodations for. Additionally, please be sure to attach your supporting documentation to this form upon submittal.

First Name: _____ Middle Initial _____ Last Name: _____

Fisk Student ID#: A00000 _____ Phone Number: (____) _____

Fisk Email Address: _____

Alternate Email Address: _____

Current Classification:

Freshman Sophomore Junior Senior Graduate Student

Course Title _____ Course Number _____

Semester _____ Instructor's Name _____

Day/ Time of Course _____

On file in the Office of AESP)/DSS is medical documentation that entitles this student to reasonable accommodations as recommended below. We encourage the student to discuss the course requirements relative to his/her disability limitations and any necessary adjustments. The instructor's responsibility is to allow reasonable accommodations to provide equal opportunity for the student to meet the course requirements without lowering standards or waiving essential elements. **(Reasonable accommodations do not include providing for personal care needs, making fundamental changes to a program of study, minimizing, or altering the rigor of the curriculum content or causing Fisk University undue financial and/or administration burdens.)**

CLASSROOM AND TEST CONSIDERATIONS

Accommodations are provided on a case-by-case basis in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended in 2008.

- No accommodations are needed at this time
- Testing in reduced distraction or distraction-free environment (If unable to provide a location, the instructor should arrange, in advance, for testing in AESP/DSS.)
- Tape record lectures
- Extended time on tests: 1.5x 2x
- Carbon paper (provided by student)
- Testing in quiet environment
- Front row seating
- Calculator
- Clear view of teacher's face
- Large print test and/or large print handouts
- Wheelchair accessibility
- Dictionary
- Physical assistance with lab work
- Electronic speller
- Adapted equipment (e.g., computer)
- Oral testing as alternate to essay (when applicable)
- Verbal description of board work
- Word processor (when necessary)
- Sign language interpreter in the class
- Additional clarification of material (during office hours and/or after class)
- Write answers directly on test sheets (no scantron)

Other accommodations (Please describe on next page.)

Cont. from page 1

I agree to comply with the accommodations indicated above

Student Signature: _____

Date: ____/____/____

Instructor's Signature: _____

Date: ____/____/____

If the student is not provided the above agreed-upon accommodations, he/she is responsible for notifying the Office of AESP/DSS within five days of failure to receive the needed accommodations.

If you have questions, need assistance, or must adjust the recommended accommodations, please contact Dr. Earl Lattimore, AESP Academic Advisor/DSS Coordinator, at 615-329-8736 | elattimore@fisk.edu | DuBois 117.