ACCOMMODATION FORM

Students with disabilities are expected to take their exams with the rest of the class, with disability-related modifications as needed. However, students unable to take exams in the usual manner may make individual arrangements in consultation with their instructors and the Office of Disability Services (ODS). Students who need nonstandard test administration should complete this form for each course and return it by Friday, February 8, 2013 to ODS with the instructor’s signature.

TO BE COMPLETED BY THE STUDENT:

Student Name: ____________________________ UNI: ____________________________

Cell Number: ____________________________ Class Year: ____________________________

Course Title: ____________________________ Professor Name: ____________________________

Professor Email: ____________________________ TA Name/Email: ____________________________

This section is to be completed by the student with the instructor’s input. This section only needs to be filled out, if the student will be taking exams in the Office of Disability Services.

Dates of all scheduled exams (including the final exam) that will be administered by ODS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please note: If extended time conflicts with another class, the conflict must be discussed with your instructor to determine a modified start time/date of the exam.

TO BE COMPLETED BY ODS STAFF:

The above named student is approved for the following accommodations:

□ Extended Exam/Quiz Time □ Calculator □ Note Taker

□ Time and a Half (1.5) □ Double Time (2.0)

□ Separate Exam/Quiz Location □ Large Print Materials □ Use of Computer

□ Other: ____________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ODS Staff Name: ____________________________ ODS Staff Signature: ____________________________

ODS Staff Email: ____________________________ Work Phone: (212) 854 – 4634/Location: 008 Milbank
TO BE COMPLETED BY THE INSTRUCTOR:

Please indicate which of following additional materials, if any, the student is permitted to use when taking exams in the Office of Disability Services.

☐ Open Notes/Textbook  ☐ Calculator  ☐ Blue Book/Scantron

☐ Other: ________________________________________________________________

Please note: Students are not permitted to have personal items with them in the ODS testing room, such as, cell phones, ipads, ipods, etc.

Amount of time for exam (all students): ___________ (ODS will adjust accordingly for extended time)

Preference for Receiving the Completed Exam:

☐ I or someone in my office will pick up the exam  ☐ Exam can be scanned and emailed to me

By signing this accommodation form, I have reviewed the outlined accommodations with the student and I have agreed to the specified accommodations for this student in this course.

Name of Instructor: __________________________ Signature of Instructor: __________________________

Office of Disability Services (ODS)
Barnard College
Milbank 008
(212) 854-4634
ods@barnard.edu
Monday – Friday 9:00-5:00pm