

Clinton College
"Beacon of Light Scholars Program"

Students With Disabilities Accommodation Sheet

This information is CONFIDENTIAL. It is important that the instructor not disclose this information in any way to other students, faculty, potential employers or anyone else without the student's written permission.

STUDENT INFORMATION

Student Name _____

Student # _____ Major _____

Classification _____ Semester _____

Course _____ Primary Learning _____

ACCOMMODATIONS

CLASSROOM

use of calculator seating in front

seating near exit time extension

TESTING

1 ½ time double time reader private location

oral test formula/sample write on test copy large print text

OTHER (please explain)

Student Signature

Date

Coordinator signature

Date