Adaptive Educational Services
Student Services Cover Sheet

Date: ______________________________

Professor: ______________________________

Department/School: ______________________________

Re: Student: ______________________________

Student ID No. ______________________________

The above listed student is registered with our office and is enrolled in your class:

Course No. ______________________________ Section No. ______________________________

Based upon the documented disability, we have approved the following accommodations that are indicated with a checkmark.

___ 1.) That the student is permitted to have extended time on tests in the amount of:
   ____ One-and-a-half times the established test-taking time.
   ____ Double the established test-taking time.

The tests may be administered/proctored by AES Staff in the AES Lab located in the Library (Room 313SH). The student will discuss his/her needs and explain the testing accommodation forms.

___ 2.) That the student be permitted to utilize a note taker for the class.
The note taker will be another student in the class whose notes he/she will copy.

___ 3.) That the student be permitted to tape class lectures.

___ 4.) Other: ______________________________ ______________________________

___ 5.) ______________________________ ______________________________

**Any special accommodations arranged between the faculty member and student does not negate the accommodations identified by AES in numbers 1 - 4. AES will not be responsible to advocate or duplicate these accommodations for future classes.

Thank you in advance for your cooperation. If you need additional information, or have any questions, please feel free to contact our office at 274-3241 or fax at 278-2051.

AES Staff Signature ________________________________