

**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 3135H). 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 \_\_\_\_\_