

MATC STUDENT ACCOMMODATION PLAN

ACADEMIC YEAR _____

EXPIRES _____

STUDENT ID # _____ **STUDENT NAME:** _____

The Madison Area Technical College Disability Resource Services (DRS) Office approves the accommodations initialed below for the above student. Accommodation approval is based upon documentation of disability and an evaluation of the student's needs. Revisions may occur with additional information, changes in disability status, or periodic review. Faculty may contact the DRS Office with questions or concerns regarding the provision of accommodations and services, or if you would like a file copy of this card. The student is advised to schedule an appointment with faculty to review the accommodation card. **Email: DRS@MATCMADISON.EDU**

TESTING ACCOMMODATIONS

_____ Computer/standard or adaptive

_____ Large Print

_____ Scribe

_____ Test alone

_____ Taped exam/test reader

_____ Brailled exam

_____ Double time

_____ Time and a half

TEXT IN ALTERNATIVE FORMAT

_____ E-text

_____ Brailled Textbooks

_____ Audio Text

_____ Large Print

_____ **NOTE-TAKER**

_____ **PREFERENTIAL SEATING**

_____ **TAPE RECORDER IN CLASS**

_____ **SIGN LANGUAGE/ORAL INTERPRETER**

_____ **VIDEO CAPTIONING**

_____ **SPEECH TO TEXT CAPTIONING**

_____ **SPECIAL NEEDS INSTRUCTION**

_____ **ADAPTIVE TECHNOLOGY ACCESS**
(See below)

_____ **ADAPTIVE FURNITURE** (See Below)

Other special considerations:

I understand that provision of these services may involve DRS staff disclosing disability record information provided by me with appropriate MATC personnel participating in the accommodation process.

Student Signature: _____ SAMPLE PLAN _____

Date: _____

DRS Staff Signature: _____ SAMPLE PLAN _____

Date: _____