



**STUDENTS WITH DISABILITIES  
FACULTY NOTIFICATION OF SERVICES FORM**

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: The Disability Coordinator                      Campus: Helena / DeWitt / Stuttgart (circle one)

**Student Section:**

I, \_\_\_\_\_, am enrolled in:

Course Number \_\_\_\_\_ offered in Traditional, Hybrid, Online, CIV format

Course Number \_\_\_\_\_ offered in Traditional, Hybrid, Online, CIV format

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I grant \_\_\_\_\_, Disability Coordinator on the Helena, DeWitt, or Stuttgart campus permission to notify my instructor(s) of my self-disclosed disability, and my request for reasonable accommodations.

Student Signature: \_\_\_\_\_

### RECOMMENDED ACCOMMODATIONS

| RECOMMENDED | CLASSROOM ACCOMMODATION         | RECOMMENDED | TESTING ACCOMMODATION           |
|-------------|---------------------------------|-------------|---------------------------------|
|             | Tape lectures                   |             | Extended time                   |
|             | Front row seating               |             | Interpreter                     |
|             | Help finding note takers        |             | Voice calculator                |
|             | Interpreters                    |             | Electronic speller              |
|             | Clear view: lip-reading         |             | Braille tests                   |
|             | Assistive listening device      |             | Large print tests               |
|             | Large print handouts            |             | Test orally or test on tape     |
|             | Visual material described       |             | Scribe to record answers        |
|             | Physical assistance in labs     |             | Distraction-free room           |
|             | Wheelchair height tables        |             | Wheelchair height tables        |
|             | Wheelchair accessible classroom |             | Wheelchair accessible classroom |
|             | Other:                          |             | Use a computer                  |
|             |                                 |             | Other:                          |

Please call me, if you have any questions or concerns, need assistance, or would like resource material regarding any disabilities. Thank you for your cooperation.

Disability Coordinator: \_\_\_\_\_ Extension \_\_\_\_\_ Date \_\_\_\_\_

#### **Instructor Section:**

My signature below indicates my notification to provide identified, reasonable accommodation(s) for this student in my class. If an additional unidentified accommodation is agreed upon, please indicate that accommodation in the "other" space in the chart above.

Instructor: \_\_\_\_\_ Course Number \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course Number \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course Number \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course Number \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course Number \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course Number \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course Number \_\_\_\_\_ Date: \_\_\_\_\_