



# Accommodations

## Auxiliary Aid and Academic Adjustment

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

Student ID: \_\_\_\_\_ Academic Year: \_\_\_\_\_

I have provided the required documentation to the Accommodation Specialist. Based upon my documentation,  
I am eligible for the following accommodations:

Auxiliary Aides	Academic Adjustment
◇ Alternative Text	◇ Private Room / Reduced Distraction for Assessments (tests)
◇ Digital Recorder	◇ Extended time on Assessments (tests) 1.5x      2x      Other _____
◇ Note-Taker	◇ Assessments Read or in Audio Format
◇ Calculator	◇ Breaks During Assessment frequency _____
◇ Spell Checkers	◇ Preferential Seating
◇ Other	◇ Other
◇ Other	◇ Other

- By the box being checked, I (student) understand my roles and responsibilities in the accommodations process.
- By the box being checked, I (student) acknowledge I may waive my accommodation(s) at anytime. I do this with the full knowledge that WITC offered these accommodation(s)

*Rachel J Berg*

\_\_\_\_\_  
Accommodation Signature

\_\_\_\_\_  
Date

## Roles and Responsibilities

**Students:**

- o Present this card to instructor(s) before or after class or during instructor(s) office hours.
- o Auxiliary Aides and academic adjustments will not be provided until card is presented to instructor(s).
- o Student must sign up for a private room in the LRC prior to testing or other location approved by instructor/staff.

**Instructor:**

- o For any questions or concerns regarding checked auxiliary aides and academic adjustments, contact the Accommodation Specialist, Heidi Diesterhaft at extension #5522, or Rachel Berg #5258.
- o Instructor(s) may wish to make a copy of this card for a reminder of services.
- o For students taking assessments in the Student Success Center or Student Services Testing Center please remember that test and instructions need to be brought to the exam administrator prior to student test time.