This form provides information regarding a student who has been determined eligible for disability related accommodations. Based upon the student’s verified functional limitations, the DSP&S Director and/or Learning Disabilities Specialist has recommended the accommodations and services described below.

**FUNCTIONAL/EDUCATIONAL LIMITATIONS**

Within the educational environment of this college, the student’s educational limitation(s) resulting from a verified disability affect the student’s ability to do the following tasks:

- Test taking
- Note taking
- Handwriting
- Seeing
- Hearing
- Oral expression
- Processing information
  - Memory
  - Spelling
  - Reading
  - Composition
  - Concentration
- Accessing equipment
- Learning
- Facility Use
- Sitting
- Walking/Climbing
- Other ________

Comments: ____________________________________________

**RECOMMENDED ACCOMMODATIONS AND SERVICES**

- Note taker
- Tape recorder
- Scribe
- Reader
- Adaptive Technology
- Furniture
- Alternate Media
- ASL Interpreter
- FM Listening Device
- Video Remote

Comments: ____________________________________________

**Student Release Agreement**

I agree that the information contained in this document may be shared with instructors and other campus personnel who have legitimate educational interests for the purpose of providing appropriate services on my behalf.

Student Signature ____________________________  DSP&S Counselor Signature ____________________________

**This document is NOT VALID without a DSP&S counselor signature.**