

**MILWAUKEE SCHOOL OF ENGINEERING
UNIVERSITY DISABILITY SERVICES
ACCOMMODATION PLAN**

Student: _____ Date of plan _____

Date of initial documentation: _____ Date doc. rec'd: _____

Academic Adjustments: Classroom

- | | |
|---|---|
| <input type="checkbox"/> Tape recorder for lectures | <input type="checkbox"/> Use of laptop in classroom |
| <input type="checkbox"/> Notetaker | <input type="checkbox"/> Take-home written assignments as substitute for in-class writing |
| <input type="checkbox"/> Alternate Texts/handouts | <input type="checkbox"/> Use of spell-checker/word processor/dictionary/calculator for in-class assignments |
| <input type="checkbox"/> Sign-language interpreters | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Preferential Seating (location: _____) | |
| <input type="checkbox"/> Assistants for lab course work | |
| <input type="checkbox"/> Accessible work station/desk | |

Academic Adjustments: Testing

- | | |
|--|--|
| <input type="checkbox"/> Extended time for tests | <input type="checkbox"/> Alternative test format: (specify) _____ |
| <input type="checkbox"/> Reader for tests | <input type="checkbox"/> Use of spell-checker/word-processor/dictionary/calculator |
| <input type="checkbox"/> Scribe to record test responses | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Alternate test setting | |

Other Adjustments

- | | |
|---|--|
| <input type="checkbox"/> Modifications to living space (specify): _____ | <input type="checkbox"/> Accessible Classrooms |
| <input type="checkbox"/> Priority registration | <input type="checkbox"/> Other: _____ |

Recommendations for future:

- Tutoring
- Time Management Assistance
- Study Skills Assistance
- Test-taking strategies
- Counseling
- Career Counseling
- Additional testing (specify: _____)
- Referral to doctor
- Other: _____

Elizabeth Gridley
University Disability Services

Date

Student Signature

Date