

**IMPERIAL VALLEY COLLEGE**  
**MEL WENDRICK ACCESS CENTER**  
DISABLED STUDENT PROGRAMS AND SERVICES

**Faculty Notification of Accommodations**

Semester:	Student:	G#:
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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:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Test taking     | <input type="checkbox"/> Processing information | <input type="checkbox"/> Accessing equipment |
| <input type="checkbox"/> Note taking     | <input type="checkbox"/> Memory                 | <input type="checkbox"/> Learning            |
| <input type="checkbox"/> Handwriting     | <input type="checkbox"/> Spelling               | <input type="checkbox"/> Facility Use        |
| <input type="checkbox"/> Seeing          | <input type="checkbox"/> Reading                | <input type="checkbox"/> Sitting             |
| <input type="checkbox"/> Hearing         | <input type="checkbox"/> Composition            | <input type="checkbox"/> Walking/Climbing    |
| <input type="checkbox"/> Oral expression | <input type="checkbox"/> Concentration          | <input type="checkbox"/> Other _____         |

Comments: \_\_\_\_\_

**RECOMMENDED ACCOMMODATIONS AND SERVICES**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Note taker          | <input type="checkbox"/> Furniture           | <input type="checkbox"/> Interpreter     |
| <input type="checkbox"/> Tape recorder       | <input type="checkbox"/> Alternate Media     | <input type="checkbox"/> Test Proctoring |
| <input type="checkbox"/> Scribe              | <input type="checkbox"/> ASL Interpreter     | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Reader              | <input type="checkbox"/> FM Listening Device |  |
| <input type="checkbox"/> Adaptive Technology | <input type="checkbox"/> 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.