

# Accessibility Accommodation Plan – SAMPLE

## Gaston College Accessibility Accommodation Plan

For Internal Use Only

Permanent

Temporary:  
Dates \_\_\_\_\_

Name: \_\_\_\_\_ Semester: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ Disability: \_\_\_\_\_  
 Disability Disclosure Form on File:  Yes  No      Documentation on File:  Yes  No

Approved Assistance/Accommodations	Courses:				
<b>Testing:</b>					
<input type="checkbox"/> Extended Time- Tests/Quizzes (up to time & ½)					
<input type="checkbox"/> Distraction Reduced Environment					
<input type="checkbox"/> Computer					
<input type="checkbox"/> Enlarged Print					
<input type="checkbox"/> Reader					
<input type="checkbox"/> Braille					
<input type="checkbox"/> Scribe					
<input type="checkbox"/> Other:					
<b>Classroom:</b>					
<input type="checkbox"/> Priority Seating					
<input type="checkbox"/> Accessible Classroom					
<input type="checkbox"/> Note Taker					
<input type="checkbox"/> ASL Interpreter					
<input type="checkbox"/> Tape Record Lectures					
<input type="checkbox"/> Other :					
<b>Academic Support:</b>					
<input type="checkbox"/> Alternate Format for Text					
<input type="checkbox"/> Tutoring					
<input type="checkbox"/> Academic Counseling					
<input type="checkbox"/> Learning Skills Assistance					
<input type="checkbox"/> Other:					
<b>Miscellaneous:</b>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**I understand that the documentation of disability that I have provided supports the accommodations indicated above and that, in order to access these accommodations, it is my responsibility to follow the established procedures when registering each semester.**

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

Educational Accessibility Counselor: \_\_\_\_\_ Date: \_\_\_\_\_