

Date: September 2, 2017

To: Faculty and Instructors of Jane, **PSU ID#:** 999999999

From: *name of assigned Disability Specialist*, Disability Specialist

Re: Academic Adjustments for **Fall Semester, 2017**

This Information is Confidential.

Jane has a documented disability and is registered with the Student Disability Resources. She is to receive reasonable academic adjustments according to the Americans with Disabilities Act Amendments Act of 2008 and the Rehabilitation Act of 1973. SDR recommends the following academic adjustments:

- **50% extended time to take exams/quizzes in a quiet location.** Extended time ensures that a student's performance is reflective of the student's mastery of material rather than the speed at which a student performs. This accommodation does not apply to take-home exams. SDR relies on instructors to provide testing space for students requiring the extended time accommodation because SDR has limited test space that is dedicated to students requiring additional test accommodations (e.g., assistive technology). Acceptable spaces may include an available classroom, a study room in a library, a conference room, or an instructor's office.
- **Permission to record classes/lectures using a digital recording device (e.g., Livescribe Smart Pen).** For information on this exception to the prohibition of student initiated classroom recordings, please review "Exceptions" to Policy AD40 using the following link:
<http://guru.psu.edu/policies/AD40.html>.

Jane has been encouraged to discuss the academic adjustments listed above with you. After the necessary academic adjustments have been made, Jane should be graded according to the same standards used for other Penn State students. SDR welcomes your input and questions regarding this process. Please contact *name of assigned Disability Specialist*, 116 Boucke Building, 863-1807, or email abc123@psu.edu. Thank you for helping to make Penn State an accessible and equitable place to obtain an education.

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____