SUFFOLK COUNTY COMMUNITY COLLEGE

FACULTY NOTIFICATION OF
SPECIAL SERVICES AND ACCOMMODATIONS
(CONFIDENTIAL)

Dear Professor

Student_____**SS#**_____**Date**_____

According to our records, the above-mentioned student is registered for your _____ course, section # _____.
In accordance with the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973, Section 504, this student has documented his/her disability and is legally entitled to the services and accommodations identified below. This information is to remain **confidential** between you, the student and the counseling staff.

____(1)   Interpreter/Signer - will be assigned by the _____.

____(2)   Notetaker - the professor should appoint a classmate to take notes. Special carbonized notepaper can be obtained from the Counseling Center/Office of Special Services by the student. Alternatively, the professor can arrange for the notes to be copied in the departmental office.

____(3)   Tape recorded classes - the student is responsible for supplying a tape recorder and tapes. Recordings are strictly for the purpose of retaining course material and will be erased upon completion of course requirements.

____(4)   Use of a calculator - during classes and tests. (Note that special provisions apply for MA01.)

____(5)   Use of a scribe - will be arranged between the _____ and the student.

____(6)   Special seating arrangements - specify: _____

____(7)   Special testing conditions:
     a) Extended testing time (time and a half) - arrangements to be made between the professor and the student.
     b) Readers and/or writers - will be provided by the _____.
       Student required to make an appointment with the _____
       one week in advance. Exams should include student's name and specific instructions. The exam should be delivered to _____ (may include oral answers/exams).
     c) Alternate testing location (specify) _____.
     d) Use of spell checker/omit spelling from grading.
     e) Other (specify)_____ .

____(8)   Other - comments/explanations for services/accommodations to be provided:
      _____

      _____

Please arrange to meet privately with the student as soon as possible in order to discuss how the services/accommodations will be provided and to make whatever arrangements may be necessary. If you have any questions about this student's special needs, or if there is any way in which we can be of assistance to you, please do not hesitate to call. Thank you for your cooperation in this matter.

Ammerman Campus	Western Campus	Eastern Campus
Director, Special Services	Director, Counseling Center	Disability Advisor
(631) 451-4045	(631) 851-6250	(631) 548-2524
(631) 451-4473 (FAX)	(631) 851-6330 (FAX)	(631) 548-3613 (FAX)