



Personal & Confidential
Test/Examination & Classroom Accommodation Form

The following student is registered in your course(s) this semester and will require accommodation as outlined below.

To (Instructor): _____ Program: _____

From: Accessibility Services Coordinator (or designate/Resource Facilitator)

Signature: _____ Date: _____

Student Information

Name: _____ Student Number: _____

Campus: _____

Course(s): _____ Section: _____

Semester: Fall Winter Spring

Test/Exam Accommodations

The following accommodations are **approved** for the student:

- Additional Time (time plus 1/2)
- Small group/quiet setting
- Private setting
- Ability to stand/move
- Clarification (assistance with directions)
- Word processor/use of personal laptop/iPad
- Spell check/grammar check
- Reader (Kurzweil)
- Scribe: (Dragon)
- Other _____

Classroom/Laboratory Accommodations

The following accommodations are **approved** for the student:

- Clarification (assistance with directions)
- Word processor/use of personal laptop/iPad
- Reader (Kurzweil)
- Note taking
- Ergonomic setup (adjustable desk)
- FM or other amplification system
- Ability to stand/move
- Other _____

I, _____, give permission to have this form sent to my Instructor(s) in the above-named courses at College of the North Atlantic in order to receive the approved accommodations. I agree to follow up with my instructor(s) to discuss the accommodations and confirm with them each time accommodations are required.

It is the student's responsibility to follow up with their instructors and/or RF in advance of every test/exam to ensure that their accommodations have been arranged. Students are also required to complete this form each semester. Students are also responsible for their own personal equipment; the college is not liable for any loss or damage to personal equipment. This form is being used only to inform your instructors of the accommodations to which you are entitled.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to inform faculty of accommodations you are entitled to. It will only be used for this purpose. Personal information may be disclosed to faculty. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Associate Vice-President of Student Services at 709-643-7835. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Signature: _____ Date: _____