

ACCOMMODATIONS IMPLEMENTATION PLAN (“BLUE FORM”)

Student: Clark Kent Class: Child Development Course Code: PSYC 155 01
 Grad Year: 2022 Professor: Smith, Gregory Office: Stern Center Room 107 Office Ext: 717-245-1253

STUDENT: Using a pencil, check the accommodations that you intend to use. Then, confirm your selections when you meet with your professor.

PROFESSOR: Thank you for reviewing all entries on both sides of this form and for ensuring the correctness of all information before signing on the reverse side.

	WILL NOT USE FOR THIS CLASS	WILL USE FOR THIS CLASS	ACCOMMODATIONS GRANTED	COMMENTS or UNCERTAINTIES
Please Check One:	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for tests (1.5x)	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Distraction-reduced testing	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Max of 1 final exam per day	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Computer use for notes/recording	_____ Student will disable internet access during class. _____
	<input type="checkbox"/>	<input type="checkbox"/>	Use of a note-taker; recorder	_____ Please denote means of implementation below. _____

Note-taking Accommodations Implementation ~

Students with a note-taking accommodation: Please check what is applicable:

- Not requesting support with note-taking at this time.
- The student will supplement notes with a recording device.
 Please specify type: __tape recorder __smart pen __digital notebook
 Professors of students who record classes must inform the class (verbally or in writing): *“This class may be recorded for accommodation purposes.”*
 Student is aware that sharing of recordings is forbidden.
- The student would like supplemental notes from a peer note-taker.
 To facilitate this, the professor will seek a volunteer note-taker to provide supplemental notes for the student. Student should provide the professor with a Faculty Memo and Note-taker Application, and understands that because we are relying on volunteers, it is not guaranteed that a note-taker will be identified. If the professor would like a template announcement to send to the class via email, please visit www.dickinson.edu/ADS-NT.

Student: Clark Kent Course ID: PSYC 155 01 Class: Child Development

Schedule Proctoring using this format: **Smith.PSYC 155.Kent**
 For guidance, please visit www.dickinson.edu/ADS-proctoring

Prof: Smith, Gregory

Test-Taking Accommodations Implementation

- Check those which apply:
- There are no timed assessments in this class
 - All quizzes will be taken with professor

		1.5x	2x
Extended Time	50 min	1h 15m	1h 40m
Conversion Chart	1h 15m	1h 53m	2h 30m
	1h 50m	2h 45m	3h 40m

***** STUDENT ***** ENTER ALL TEST INFO BELOW BEFORE MEETING WITH YOUR PROFESSOR									***** PROFESSOR ***** INITIAL CELLS BELOW		
Class Meeting Time	Test Date	Test Day	Scheduled Test Start Time for the Class	Exam Duration without Ext. time	Exam Duration (for this student)	Extended Test End Time	Does this conflict with another class?	If YES*, Alternate time when student will take the exam	ADS Proctoring IS NOT needed	ADS Proctoring IS needed	Proctoring needs Uncertain at this time
TESTS & EXAMS											
<i>Example:</i> → TR 10:30 AM – 11:45 AM	10/23	Thurs	10:30	1h 15m	see chart	12:23	YES* -- No	* 8:30-10:23 AM		Dr. Z	
TR 09:00 AM-10:15 AM			09:00 AM	1h 15m			YES* -- No	*			
TR 09:00 AM-10:15 AM			09:00 AM	1h 15m			YES* -- No	*			
TR 09:00 AM-10:15 AM			09:00 AM	1h 15m			YES* -- No	*			
TR 09:00 AM-10:15 AM			09:00 AM	1h 15m			YES* -- No	*			
							YES* -- No	*			
FINAL EXAM											
Is there a final exam in this class?	Final Exam date/time		Duration w/ Accommodation		End Time	Another final this day?	If yes, ALTERNATE exam date agreed to		*** PROFESSOR'S INITIALS *** TO INDICATE ADS PROCTORING NEED		
___NO [stop here] ___YES →	Thursday, Dec 13, 2PM		4.5 hours		6:30 PM	___NO ___YES →	DEC ___ @ 9AM		___NOT needed ___Needed		

STUDENT

Please return this form to Old West (Lower Level, Room 3) within 3 days of meeting with your professor. Your signature confirms that:

- If test proctoring from ADS is needed, all requests are entered in Outlook *before* submitting this form. We have computers available in ADS to use!
- If final exam proctoring from ADS is needed, the request has been entered in Outlook *before* submitting this form
- All proctoring requests are more than one week away

 Student Signature _____
 Date

PROFESSOR

Thank you for facilitating this student's accommodations and

- Completing the section above if student has test-taking accommodations.
- Completing the reverse side if student has note-taking accommodations.
- Verifying that all test dates in the section above are correct.
- Verifying that proctoring needs are signified by your initials.
- Retaining a copy/image of this form
- Informing us of any changes

 Faculty Signature _____
 Date