



**GUAM COMMUNITY COLLEGE
OFFICE OF ACCOMMODATIVE SERVICES
APPROVED ACADEMIC ACCOMMODATIONS FORM**

The Americans with Disabilities Act Amendments Act of 2008 (Amendments Act), effective January 1, 2009, amends the Americans with Disabilities Act of 1990 (ADA) and includes a conforming amendment to the Rehabilitation Act of 1973 that affects the meaning of the term disability in Section 504. Students with disabilities may qualify for accommodations and services if their documentation meets the definition of disability as stated in the ADA Amendments Act of 2008 (ADAAA). Accommodations provide equal opportunity to access the same level of achievement while maintaining the standards of excellence of the college. Should you have any questions or concerns, please contact the Office of Accommodative Services at x 5597 or email me at kasinda.ludwig@guamec.edu. Thank you for your cooperation in responding to the needs of this student. The instructor has the right to challenge any accommodation that would fundamentally alter the nature and standards of the course.

Student Information

Student: _____ Semester: Spring: _____ ID# _____ Beginning Date: _____ Ending Date: _____

General Accommodations

- ☐ Voice Recorder ☐ Note Taker ☐ Interpreter ☐ Alternate Media

Exam Accommodations

- | | |
|---|---|
| <input type="checkbox"/> Explanation/Clarification of directions in writing
<input type="checkbox"/> Explanation/Clarification of questions
<input type="checkbox"/> Alternate Format: Multiple Choice/Essay
<input type="checkbox"/> Reduce items on page | <input type="checkbox"/> Extended Time (30 minutes to an hour after class time)
<input type="checkbox"/> Nondistracting Environment
<input type="checkbox"/> Oral Exam if needed
<input type="checkbox"/> Use of math formulas during exam |
|---|---|

Assistive Devices

- | | |
|--|---|
| <input type="checkbox"/> Word processing (on any computer)
<input type="checkbox"/> Spellchecker (on any computer)
<input type="checkbox"/> Calculator | <input type="checkbox"/> Big Mouse (Library)
<input type="checkbox"/> Desktop computer (Room D4/5 & Library)
<input type="checkbox"/> Reading Pen (Library) |
|--|---|

Other Accommodations

- | | |
|---|--|
| <input type="checkbox"/> Preferential seating
<input type="checkbox"/> Alternative chair/table
<input type="checkbox"/> Foot stool
<input type="checkbox"/> Lumbar support (Library) | <input type="checkbox"/> Opportunity to stand or move around
<input type="checkbox"/> Mobility assistance
<input type="checkbox"/> Tutoring
<input type="checkbox"/> Extended time for assignment completion and study guides (1 class session only) 2 class sessions when needed |
|---|--|

Recommended by: _____

Approved by: _____

Kasinda C. Ludwig, Program Specialist Date _____
Office of Accommodative Services

Dr. Michelle M. Santos, Dean Date _____
School of Technology and Student Services

I have reviewed and understand the above recommended reasonable accommodations: _____

Student Signature _____

Date _____