

Disability Support Services

Letter to Instructor

Moreno Valley College

Term/Year: _____

To (Instructor Name): _____

From: Disability Support Services (DSS)

RE: Student: _____ ID# _____

The above student is receiving support services through Disability Support Services at Moreno Valley College and is currently enrolled in the following class: _____

Days Class meets (if applicable): _____ Time class meets (if applicable): _____

In compliance with Section 504 of the Rehabilitation Act of 1973 and The Americans with Disabilities Act of 1990, the above student has documentation with DSS that verifies a disability requiring classroom or testing accommodations in order to ensure equal opportunity for access to the curriculum and to demonstrate content mastery in your class. The accommodation/s checked below have been formally requested by the student for the current semester and may be provided to assist them in your class:

- Test Accommodation.** The student may need to use alternative testing accommodations if the disability interferes with the ability to finish exams under normal time constraints. This may include extended time, distraction reduced environment, exam reader, scribe for written exams, and/or alternate format i.e. Braille, enlarged print, E-text, or screen reader. A Test Accommodation Form will be sent to you each time special test taking assistance is needed.
- Record Lectures** because of difficulty in processing information due to a specific disability. A Tape Recording Agreement form will be signed by the student and a copy will be given to you defining procedures for tape recording lectures, etc.
- A student to take classroom notes.** The student may request your assistance in finding a volunteer note taker in this class.
- Adaptive Technology.** The student may need to use adaptive technology (screen-reader, speech-recognition software)
- Special Seating.** The student may need to sit up front to have better access to visual presentations, hear lectures and/or see their interpreter more clearly. The student may need to use an adaptive table to accommodate the use of a wheelchair.
- Enlarged print for handouts, tests, etc.** (The Communications Department can assist you in enlarging materials) If further assistance is needed, please contact DSS ext. 6419.
- Interpreters for the Deaf/Hard of Hearing** to facilitate communication between you and the Student.
- Other:** _____

I hereby give Disability Support Services permission to share this information with the instructor named above.

Student's Signature

Date

I verify that the above student is receiving support services from Disability Support Services.

DSS Staff/Title

Ext.

Date