



STUDENT DISABILITY RESOURCES  
Health and Wellness Services (Bldg. 80)  
100 Campus Center  
Seaside, California 93955-8001  
831.582.3672 (phone)  
831.582-4024 (fax)

email: [student\\_disability\\_resources@csumb.edu](mailto:student_disability_resources@csumb.edu)  
URL: <http://sdr.csumb.edu>

Monday, April 11, 2016

## **SEMESTER ACCOMMODATIONS** ***SAMPLE letter***

**Student name: STUDENT**

**Course: SPED 562.1**

This letter is to certify that **STUDENT** is a student with a relationship with SDR and has a federally recognized disabling condition. As such **STUDENT** is authorized for the following accommodations in your course for the **CURRENT** semester.

*If you find that you have questions or concerns regarding this student's authorized accommodations please feel free to contact me directly.*

- **Due Dates**

Where possible, please provide concrete due dates to this student in advance. This student may need additional faculty explanation time. Please arrange regular private meetings to ensure equal opportunity to understand.

- **Advance Access to Materials**

Please Provide access to power-points and classroom handouts/materials at least 48 hours prior to class. This will allow the student to print and use for reference during class and to facilitate notetaking.

Please keep the tinted original, provide one copy for this student, and return one copy to SDR. Thank you.



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- **Occasional Absences**

This student may occasionally be absent from class due to disability symptoms/issues. Student will inform instructor before class if possible and will arrange to obtain missed assignments. Please consider being flexible with deadlines related to this situation.

- **Record Lectures/Live Scribe Pen**

Please allow this student to record class by signing the CSU Policy on Recording Lectures that s/he will provide. S/he agrees to stop Recording during sensitive issues.

- **Access to Faculty**

This student may need additional faculty explanation time. Please arrange regular private meetings to ensure equal opportunity to understand assignments.

- **Adaptive Seating**

This student needs to sit near the exit to prevent disruption in the event (s)he needs to leave unexpectedly during lecture.

- **Tinted Glasses**

This student may wear medically prescribed eyeglasses with heavy tinting in class due to eye sensitivity.

Please keep the tinted original, provide one copy for this student, and return one copy to SDR. Thank you.



CALIFORNIA STATE UNIVERSITY  
**Monterey Bay**

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- **Hearing Protection**

This student may wear foam ear plugs or similar hearing protection in class due to sound sensitivity.

Most Sincerely  
Ruthann Daniel-Harteis

Faculty signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Please keep the tinted original, provide one copy for this student, and return one copy to SDR. Thank you.