



## Ocean County College Disability Services

### Accommodation Notification

**Student ID:** 0334438      **Student Name:** Vaz, Mackenzie

**Dear Faculty:** The above-named student is enrolled in your class this semester and requires specific academic accommodations in accordance with the Americans with Disabilities Act, Amendments Act (ADAAA) of 2008. These accommodations are reasonable, appropriate and supported by documentation on file in the Center for Student Success, Disability Services. Academic accommodations are designed to provide equal access to course content while maintaining the academic standards that you require in your classes. You have the right to discuss any accommodation that you believe would fundamentally alter the nature and standards of the course. Please contact Disability Services at **Extension 456**.

This student has documentation of a disability. The following accommodations are approved:

Accommodation	Type	Expiration Date
Provide alternative for oral participation and presentations	Permanent	
Preferential seating	Permanent	
Alternative testing environment (reduced distraction)	Permanent	
Additional time for tests and quizzes (1.5)	Permanent	

### Testing Center Procedure

**Faculty:** Follow standard procedure for completing the Testing Center Proctor Request Form. The date and time for accommodation testing in the Testing Center is NOT a student decision. Students with approved accommodations for (a) reader or scribe, (b) private testing room, and/or (c) adaptive computer or software must schedule an appointment one full week in advance of the test date.

**Student:** Schedule testing appointments online at [go.ocean.edu/test](https://go.ocean.edu/test). Appointments are required 48 hours in advance for all computer based testing. Students with approved accommodations for (a) reader or scribe, (b) private testing room, and/or (c) adaptive computer or software must schedule an appointment one full week in advance of the test date. Consult with your professor about an agreeable date and time for taking your exam.

Contact Disability Services at extension **456** or [accommodations@ocean.edu](mailto:accommodations@ocean.edu) if you have questions.

OCC Disability Services  
Issued 09/2020

## Accommodation Plan Agreement

### Student Section:

#### I am aware of the following:

- To receive the reasonable accommodations listed on my plan, I must submit my Accommodation Plan (AP) to the professor for each course that I am requesting accommodations.
- I understand my right to submit my AP at any time during a semester knowing that accommodations are not retroactive and are effective only upon submission of the AP to the professor.
- When submitting my AP, I must meet with my professor at an agreed upon time.
- If I am taking an online course, I must submit my AP electronically and follow up with my professor through email or by phone.
- The professor of my course is not required to provide the reasonable accommodations until I have presented my AP.
- I must notify my professor a minimum of five business days prior to the date of the scheduled exam for an exam to be taken in the testing center.
- I will make arrangements related to this plan with the professor in regards to classroom and/or testing accommodations.
- I am not required to discuss specifics of my disability with my professors.
- If I need adjustments to my plan, I will request adjustments with the disability services coordinator in a reasonable timeframe with supporting documentation.
- I must immediately report problems or issues with my reasonable accommodations or services to the disability services coordinator and professor.

***My signature indicates that I understand and will adhere to the accommodation plan agreement for requesting reasonable accommodations.***

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Student's Name (print)

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Date

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Student's Signature

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OCC ID#

### Faculty Section:

- I understand my obligation to provide the reasonable accommodations listed on the AP.
- I will privately discuss the AP and make necessary arrangements for the listed accommodations.
- If I have any questions or concerns, I will address these with the student first.
- I will immediately report any problems or issues with the student's accommodations or services to the disability services coordinator.

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Professors's Name (print)

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Course and Section (print)

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Professor's Signature

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Date

***The student is responsible for returning this form to the Center for Student Success when both sections have been completed by student and professor. It is recommended to take a photo, scan, or photocopy this form, and return it to our office by email or fax.***

**Center for Student Success, Disability Services**

accommodations@ocean.edu

Library, Building #3, Room 124

Phone (732) 255-0456 Fax (732) 864-3860