

Date: [Date]

To: [Name of Instructor or Testing Center Administrator]

From: [Name of Disability Services Coordinator or Healthcare Provider]

Subject: Distraction-Free Environment Testing Accommodation

Dear [Recipient Name],

This letter serves to formally notify you that [Student Name] (ID: [Student ID Number]) is eligible for testing accommodations. Based on documented functional limitations, the following accommodation is required for all timed assessments, including quizzes, midterms, and final exams:

Accommodation: Distraction-Free / Reduced-Distraction Environment

This accommodation requires that the student be provided with a testing space that minimizes auditory and visual interruptions. This may include:

- A private room or a separate quiet testing area.
- A space with a significantly reduced number of students compared to the standard classroom.
- A workspace away from high-traffic areas, doors, or windows.

The student is responsible for coordinating with [Department/Testing Center] at least [Number] days prior to the exam date to ensure that appropriate space is reserved. Please ensure that all necessary exam materials are delivered to the designated testing location in a timely manner.

If you have any questions regarding the implementation of this accommodation, please contact [Department Name] at [Phone Number] or [Email Address].

Thank you for your cooperation in ensuring equal access for this student.

Sincerely,

[Signature]

[Printed Name]

[Title/Department]