

[Date]

To: [Instructor Name]

From: [Disability Services Office / Student Name]

Subject: Academic Accommodations for [Student Name]

Student ID: [Student ID Number]

Dear [Instructor Name],

This letter serves to verify that [Student Name] is a student with a documented Specific Learning Disability (SLD). In accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, this student is eligible for the following academic accommodations to ensure equal access to the learning environment:

Testing Accommodations:

- Extended time for exams and quizzes (e.g., 1.5x or 2.0x).
- Testing in a reduced-distraction environment.
- Use of a computer for essay exams or spell-check software.
- Use of a calculator for math-related assessments (if applicable).

Classroom and Instructional Accommodations:

- Access to instructor's slide decks or lecture notes in advance.
- Permission to audio record lectures for personal review.
- Priority seating (e.g., near the front of the room).
- Use of assistive technology (e.g., text-to-speech or speech-to-text software).

Assignment Accommodations:

- Alternative formats for textbooks and printed materials.
- Occasional flexibility with deadlines (to be negotiated in advance).
- Instructions provided in both oral and written formats.

Please note that the student's specific medical diagnosis is confidential. These accommodations are designed to provide an equal opportunity for success and do not compromise the essential requirements or academic standards of your course.

If you have any questions regarding the implementation of these accommodations, please contact the Disability Services Office at [Phone Number] or [Email Address].

Sincerely,

[Name of Coordinator/Provider]

[Title]

[Department/Office Name]