Disability Services for Students

Professor Agreement for Use of Personal Computer and Assistive Technology

The student listed below uses assistive technology (text-to-speech and/or speech-to-text programs) to access information for coursework and is requesting to use his/her personal computer or electronic device for your exams. Testing accommodations may be provided in the department or through DSS. Contact the registrar’s office to reserve an empty room near the class. Your approval is required, otherwise you and the student will need to make arrangements, such as requesting a test reader.

Student: ______________________________   WIN ______________
Course: _______________________________  CRN _______________
Professor/Instructor: _______________________________

I agree to allow _______________________ the use of a personal computer for my exams. I understand that DSS will not be able to lock out Internet access on the student’s personal computer. The student may have access to the following

☐ Assistive technology only: _______________________________
  program name

☐ Assistive technology and the following materials and resources
  ☐ textbook
  ☐ class notes
  ☐ Internet
  ☐ Class website

_____________________________   _______________________
signature                     Date
Disability Services for Students

Student Agreement for Use of Personal Computer and Assistive Technology

I, ___________________________, agree to and understand that my professor is allowing me to use my personal computer with assistive technology and only such other resources as agreed upon below. Violating this agreement may revoke permission to use my computer and/or result in academic disciplinary action.

☐ Assistive technology only: _____________________________

☐ Assistive technology and the following materials and resources

☐ textbook
☐ class notes
☐ Class website
☐ Internet

____________________________________   ______________
signature         Date

___________________
WIN