

Hunkuang University Application Form for Adjustment of Learning Assessment for Special Education Students

Student Name		Student ID	
Department/Year of Study/Class	department	year class	Date of Application
Applied Course			
Type of Disability	<input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Emotional/Behavioral Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Language Disorder <input type="checkbox"/> Autism <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Physical Disability <input type="checkbox"/> Health Impairment <input type="checkbox"/> Other()		
Reason for Application			
Requested Adjustment	<p>Students' desired flexible assessment methods:</p> <input type="checkbox"/> Narrowing Examination Scope <input type="checkbox"/> Retesting <input type="checkbox"/> Customized Testing <input type="checkbox"/> Alternative Assignments <input type="checkbox"/> Adjusting Passing Standards <input type="checkbox"/> Other Adaptive Assessment Methods: 1. Altering Question Presentation: <input type="checkbox"/> Enlarged Text <input type="checkbox"/> Computer Assistance <input type="checkbox"/> Braille Test Paper <input type="checkbox"/> Reading Aloud <input type="checkbox"/> Audio Recording <input type="checkbox"/> Verbal Explanation <input type="checkbox"/> Other:_____ 2. Adjusting Answering Method: <input type="checkbox"/> Oral Responses <input type="checkbox"/> Braille Device <input type="checkbox"/> Computer <input type="checkbox"/> Other:_____ 3. Adjusting Examination Site: <input type="checkbox"/> Special Examination Room_____ 4. Adjusting Examination Time: <input type="checkbox"/> Extend Examination Time by_____minutes <input type="checkbox"/> Other_____ <input type="checkbox"/> Other:_____		
Resource Room Opinion			
Resource Room Coordinator		Director of the Counseling Center	
Course Instructor's Opinion and Recommendations	(Please provide your opinion and recommendations in this section. For example, indicate your approval, or specify the agreed-upon adjustments.)		

Course Instructor		Academic Advisor		Department Chair	
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Retention Period: 10 years