

# McBurney Center VISA

(Verified Individualized Services and Accommodations)

Original VISA Date: \_\_\_\_\_

Expiration: \_\_\_\_\_

Revised On: \_\_\_\_\_

Recommended services are effective through the above expiration date unless otherwise indicated by a duration date.

Student \_\_\_\_\_

Email \_\_\_\_\_

Accommodations Specialist \_\_\_\_\_

The following accommodations are recommended for this student by the McBurney Disability Resource Center. Recommendations are based upon documentation of disability and an evaluation of the student's needs. Revisions may occur pending additional information, changes in disability status, or periodic review. You may contact the student's accommodations specialist with questions or concerns regarding the provision of accommodations and services or visit McBurney's website at [www.mcburney.wisc.edu](http://www.mcburney.wisc.edu). **This information should remain confidential.**

## Level I Instructional Services and Accommodations

<u>Duration</u>	<u>Service</u>	<u>Duration</u>	<u>Service</u>
_____	<b>Alternative Testing:*</b>	_____	<b>Course Substitution Evaluation</b>
_____	accessible room	_____	<b>Document Conversion:*</b>
_____	computer / standard or adaptive	_____	audio
_____	tests alone	_____	Braille
_____	tests in a small group	_____	enlarged text
_____	scribe/voice recognition	_____	<b>Laboratory Assistance</b>
_____	audio exam/Brailled exam	_____	<b>Notetaker *</b>
_____	enlarged text	_____	<b>Notetaker Paper Only</b>
_____	time and a half	_____	<b>Preferential Seating</b>
_____	double time	_____	<b>Priority Registration/Linked / Modified</b>
_____	_____ time	_____	<b>Reduced Credit Load</b>
_____	other: _____	_____	<b>Computer</b> <span style="float: right;">Assisted</span>
_____	other: _____	_____	<b>Transcription*/CART<sup>1</sup></b>
_____	other: _____	_____	<b>Registration Assistance</b>
_____	<b>Assistive Listening Device*</b>	_____	<b>Sign Language/Oral Interpreter*</b>
_____	<b>Class Relocation</b>	_____	<b>Other: _____</b>

## Level II General Accommodations and Services

_____	<b>Adaptive Technology Access</b>	_____	<b>Library Assistance:</b>
_____	<b>Advocacy/Liaison</b>	_____	MLRR access
_____	<b>Accommodation Advising</b>	_____	paging service
_____	<b>Elevator Keys</b>	_____	<b>Other: _____</b>

\* Training required prior to receiving this service. <sup>1</sup>Computer Assisted Real-time Transcription

*I understand that provision of these services may involve McBurney staff disclosing disability record information provided by me with appropriate university personnel participating in the accommodation process.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

White Copy: AT Coordinator / Student

Yellow Copy: Student File

