

UTM ACCESSIBILITY SERVICES – CALCULATOR APPROVAL FORM

STUDENT'S NAME: _____

STUDENT NUMBER: _____

COURSE CODE: _____ **QUIZ/TEST/EXAM DATE*:** _____

ACCESSIBILITY ADVISOR'S NAME: _____

It is the responsibility of the student to provide your instructor with this form at least 5 days before the date of your test/exam.

Some students registered with Accessibility Services have medical or psychological documentation stating that they could benefit from the use of a calculator in exams. These are usually students who have significant long term and working memory problems, or they tend to reverse numbers, or do not have automaticity of number facts, e.g. multiplication tables.

The Accessibility Advisor works with the student and the student's instructor in order to give the student the opportunity to satisfy the essential requirements of the course by providing reasonable accommodations, which in this case, is a calculator. The accommodation *calculator (with Instructor's permission)* will be listed on the student's Letter of Accommodation.

If the ability to perform basic numerical operations is deemed to be an essential learning objective or outcome of the course, it should not be allowed. For example, if the learning objective or outcome of the course is to perform basic addition etc. rapidly, it should not be allowed; however, if the learning objective or outcome of the course is to demonstrate the knowledge of higher-level mathematical concepts, then it could be allowed.

If you have any questions about this accommodation, please contact the student's Accessibility Advisor listed above.

FOR INSTRUCTOR TO COMPLETE:

Use of a calculator is not approved for the test/exam.

If you approve the use of a calculator for the student named above, please complete the information below:

Type of Calculator	Model Number
<input type="checkbox"/> Scientific Calculator	#
<input type="checkbox"/> Graphing Calculator	#
<input type="checkbox"/> Programmable Calculator	#
<input type="checkbox"/> Basic Function Calculator	#

INSTRUCTOR'S NAME: _____

INSTRUCTOR'S SIGNATURE: _____

**This approval form applies only to the quiz/test/exam date specified.*

Please return this completed form to the Test Services Team at accessexams.utm@utoronto.ca and copy the student on your message so they are aware of the details.