



Disability Services



DISABILITY ACCOMMODATIONS NOTIFICATION

Student Name:
COURSE:

INSTRUCTOR NAME:
SEMESTER:

The student whose name appears above is registered with Disability Services. The accommodations below are appropriate and reasonable for this student based on documentation provided. The student has been instructed to meet with you to discuss their accommodation needs and to come to agreement with you concerning the accommodations necessary for your specific class. Accommodations are a cooperative arrangement in which the student plays a vital part.

Classroom Accommodations:

Testing Accommodations:

Please note that this request for accommodations is based on currently known and reported academic circumstances that directly impact the disability. It is not always possible to predict precisely how a disability will impact performance within each course. Therefore, it may be necessary to amend this accommodation request during the semester. Further, instructors are not legally required to substantially alter their courses as an accommodation.

Whenever it is considered that the accommodation request is insufficient or unacceptable within the context of a particular course, please contact Disability Services immediately. Disability Services will schedule a meeting with those involved in order to facilitate the identification of a mutually acceptable accommodation solution.

Additional information for Faculty on accommodations is available on myBlackHawk as well.

If any questions should arise concerning the implementation of accommodations, please call Disability Services at 796-5900.

Student: _____ Date: _____

Disability Services Staff: _____