

**DISABILITY RESOURCE OFFICE
ACCOMMODATIONS AGREEMENT**

Student _____ Date _____

The following accommodations are being offered to the above student based on documentation provided by student's

Institutional Accommodations: the college will provide at the student's request:

- | | |
|------------------------|--|
| *reduced course load | student will not be scheduled for more than 12 credits/semester (unless requested) |
| *assisted registration | student is offered the services of an academic advisor and/or disabilities coordinator for registration |
| *leaves of absence | all students are eligible for 180 day leave of absence/calendar year |
| *tutorial services | all students have access to the learning center and/or office hours with instructors for academic assistance |

Classroom modifications

Delivery of Information the student's teachers will allow/provide:

1. time and a half for completion of tests, quizzes where speed of recall is not a legitimate learning outcome/separate testing site at student's request.
2. time and a half for completion of in class assignments
3. provision of study guides for adequate preparation for tests and quizzes
4. directions should be provided orally as well as in written form—this is especially true on tests and quizzes

5. make use of whiteboard during lectures so that student can connect what she sees with what she hears
6. weekly one to one assessment of learning and progress
7. student is to make weekly use of Learning Center for tutoring

Environmental adjustments: _____ the student's teachers will:
None

These accommodations are in effect until _____ which is the conclusion of the student's semester. At that time in accordance with institutional policy, the student will renew accommodations for the subsequent semester.

The student and the institution understand that the student has a right to grieve if accommodations are not made or met.

The grievance procedure and contact information is provided in the Disability Resource Handbook. Student's signature below acknowledges acceptance of the above listed accommodations and receipt of that handbook.

Student signature

Joe Cary, Disability Resource
Coordinator

Date