

ACCOMMODATION AGREEMENT FORM

COMMITTEE REVIEW OF DOCUMENTATION



Student's Name: _____

Student ID#: _____

Date documentation was received: _____

Term: _____

Program of Study: _____

Student Email: _____

***Nursing students only asking for quiet setting will still have to take the ATI proctored and HESI exams in the class with all other students. Extra time will still be applied. ***

Please list accommodations:

1. _____

2. _____

3. _____

4. _____

5. _____

The student hereby agrees that the above accommodation(s) is/are satisfactory and declares that with such accommodations(s) he or she can perform all other essential technical or academic function(s) of my course or program of study. The Coordinator of Service for Student with Disabilities and the Instructor agrees that the accommodation(s) will be performed as agreed. Once signed by all, the student, Instructors as well as Program Coordinators will be mailed a copy for their records.

Accommodations are required under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. The purpose is to provide the students with an environment to obtain information and demonstrate mastery for the information being tested by minimizing or eliminating the impact of the disability. **If any of the above academic adjustments results in a fundamental alteration of this course, please contact The Coordinator of Disability Services at OCtech.**

The student has been asked to introduce themselves to each instructor. Such accommodations should be arranged on an individual basis and in a spirit of equalizing opportunity rather than lowering standards. The above listed accommodations are the only accommodations this student is to receive. **All information regarding a disability is confidential.**

Approved by:

Student's signature

Date

Coordinator for Student's with a Disability

Date

Academic Program Coordinator or AVP

Date

Instructor's signature

Date

Instructor's signature

Date

Instructor's signature

Date