

Student with Disabilities Responsibilities Agreement

The following is a contract between you and the Disability Support Services (DSS) Office. Below is a list of your responsibilities as a student with disability using accommodations.

1. I will sign and pick up an Accommodation Letter from the DSS Office staff for each semester that I want to receive services, even if my list of accommodations does not change.

Initials: (Suggested steps below.)

Step 1: Contact the DSS Office to schedule an appointment with DSS Office staff.

Step 2: Arrive to the appointment with DSS Office staff.

Step 3: Review your accommodations and sign your Accommodation Letter with DSS Office staff.

Step 4: Leave your appointment with copies of your Accommodation Letter to give to each of your instructors for the semester.

2. I understand that it is my responsibility to deliver a copy of my Accommodation Letter to each of my instructors with whom I have made a request for accommodations. *(Please talk to the DSS Office if help is needed.)*

Initials: (Suggested steps below.)

Step 1: Retrieve copies of your Accommodation Letter from DSS Office staff (see above steps).

Step 2: Contact your instructors and ask to set up a brief meeting about accommodations.

Step 3: Attend a meeting with instructor, provide a copy of your Accommodation Letter, and discuss together.

3. I understand that my Accommodation Letter does not apply retroactively. *(Please talk to the DSS Office for further clarification.)*

Initials:

4. I understand that I have the right to ask for help when I need support in self-advocacy or in setting up or using my accommodations.

Initials:

5. I accept responsibility for providing proper documentation to the DSS Office staff so that I may receive accommodations.

Initials:

6. I understand that I have the right to report problems, issues, or accessibility barriers to the DSS Office. *(Please talk to the DSS Office for further clarification and reference the Grievance Procedures in the DSS Student Handbook.)*

Initials:

I agree to the above set of responsibilities. *Please keep a copy of this form for your records.*

Student Name:

Student Signature:

Date: