

| Request | Complete |
|---------|-----------|
| Date | SSD Staff |

Letter of Accommodation (LOA) Request Form

Please use this form if:

(1) you had LOAs during the previous quarter

(2) do not need to make updates/changes to LOAs

Steps to Request Letter of Accommodation

- 1. Register for classes
- 2. Complete this LOA request form (front and back) and submit to SSD office
- 3. Pick up LOA from SSD office—you do not need an appointment, but you may have to wait for staff to become available
- 4. Provide one LOA to each instructor

NOTE:

- ~A Letter of Accommodation Request Form needs to be turned in every quarter (accommodations are not automatic nor does the LOA stay effective for more than a single quarter).
- ~If you are interested in making updates to your LOA from the last quarter please make an appointment and bring this form.

| Directions: 1) Complete Questions 1-7 (and 8-9 if applicable) directly below and 2) Read and Sign Student Responsibilities on <u>back of this page</u> | | | | | |
|--|-----------------------|-----------------|----------------|----------|--|
| 1) Name: | | 2) Date: | | | |
| 3) Student ID: | 4) | Email: | | | |
| 5) Phone: | 6) Alt. Phone: | | | | |
| 7) The quarter the LOA is needed f (Circle only current quarter you are requesting) | | Fall | Winter | Spring | |
| 8) If you are authorized to receive A | Alternatively Formatt | ed Textboo | oks, which cla | ass(es)? | |
| Please check one: Victor Reader E-Text Format We will try to get your preferred choice, but that may not always be possible | | | | | |
| 9) If you are authorized to receive Note Taking Assistance, which class(es)? | | | | | |
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Services for Students with Disabilities Student Responsibilities

✓ I know and understand that SSD keeps a record of my disability documentation and ensures that disability-related documents are kept confidential and shared with college personnel on a limited and need-to-know basis only if it is in benefit of my educational success. I know my information cannot be released to anyone not employed by Peninsula College without my signed permission on an "Authorization for Release of Information" form and that under these special circumstances the agreement of confidentiality may be broken:

When a student discloses possible abuse or neglect of a child or incapacitated adult.

When a student discloses that s/he is a threat to self of others.

When a student's records are legally subpoenaed.

- ✓ I understand how to request accommodations and will inform **SSD** of any changes in my condition of disability, or changes in my class schedule, during the course of my educational enrollment here at PC.
- ✓ I know and accept my accommodation plan.
- ✓ I will make quarterly requests for accommodations using the LOA request form with the SSD Office at least 6 weeks in advance of need when possible and know that because some accommodations take time to arrange a later request may delay accommodation arrangements.
- ✓ I will present the Letter of Accommodation to each of my instructors on the first day of instruction, or as soon as possible thereafter, and **discuss** with the instructor(s) the accommodations for which I am eligible. I also understand that these accommodations are not retroactive; they do not take effect until I have given a copy to my instructor and discussed my need for accommodations.
- ✓ I will coordinate any special test taking arrangements with my instructor and the testing center at least 3 days prior to the testing date.
- ✓ I understand that I need to be *on time* for all pre-arranged testing.
- ✓ I understand that I am expected to meet the academic standards of the class that are expected of all students.
- ✓ I understand Board Policy 505, Procedure 505.01, 505.02 and 505.03 and know where to find Peninsula College Student Rights and Responsibilities information (http://www.pc.ctc.edu/about/policies/student_policies.asp).
- ✓ If I am late or unable to attend any of my classes due to my disability, I will notify my instructors either in person, by e-mail, or by phone 24 hours in advance of class. If I experience a medical emergency and am not able to contact my instructor prior to class, I will do so immediately thereafter. I will discuss missed assignments and tests, and if the instructor agrees, I will make arrangements for completion.
- ✓ I understand and agree to arrive on time for all classes, meetings with SSD staff, and my instructor(s), or make prior arrangements if I am late or absent.
- ✓ I understand that it is in my best interest to utilize student resources available on campus (i.e., Learning Center, Math Lab, and Writing Lab) as appropriate to my program.

Student Statement of Understanding and Acceptance of Responsibility:

| "I understand and agree to follow through with my student responsibilities." | | | |
|--|--------------------|-------|--|
| Student Signature: _ | (please sign here) | Date: | |