Temporary Accommodations Agreement

Student’s Name_________________________________________ Date________________

E#________________________ Phone Number________________________

Email______________________________________________________

The student listed above has requested disability accommodations through the DLRC. He or she has provided disability documentation that does not meet eligibility criteria for the following reasons:

_____ Documentation is not current
_____ Documentation does not verify the disability substantially limits one or more major life activities
_____ Documentation does not include psychometric summary of scores
_____ Documentation does not contain a clear disability diagnosis
_____ Documentation does not contain the procedures used to diagnose the disability
_____ Documentation is missing a signature, credentials, and license number of the evaluator
_____ Other:________________________

Comments:__________________________________________________

___________________________________________________________________

I have received and understand the DLRC eligibility criteria. I have discussed the above information with the Director of Disability and Learning Services and understand why my documentation does not meet the eligibility requirements at this time. I agree to provide the DLRC with qualifying documentation within 60 days and understand that the accommodations approved below will be provided in good faith until ___/___/____. In the event that I miss this deadline, I understand that these accommodations will be terminated on the following date ___/___/____. In the event that I submit documentation that indicates that I do not have a disability, accommodations will be terminated immediately.

Temporary Accommodations:

_____ tape recorder _____ reader _____ calculator _____ extended exam time

_____ note taker _____ test in distraction-free room

_____ Other:________________________

___________________________________________________________________

Student Signature_________________________________________ Date________________

DLRC Staff_________________________________________________ Date________________

Disability and Learning Resource Center
Administration Building, Suite 114
(949) 214-3039 ~ DLRC@cui.edu