

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 _____