



ATTENDANCE ACCOMMODATION AGREEMENT FORM

Student:		Dates/Time of Course:	
Instructor:		Course & Section #:	

What is the current attendance policy, as stated in the syllabus?

What is the policy regarding exams, quizzes, and presentations? Agreement for rescheduling?

Instructor: Is modification to the policy reasonable given the nature of the course?

Yes

No

(If 'yes', skip to next box. If 'no,' please indicate reason(s), skip remaining questions, and sign the form.)

How will the attendance policy be modified for this student in this course? (Consider any in class quizzes, group work, etc. that may be missed.)

Should the student contact the instructor each time an absence related to disability/diagnosis occurs?

Yes No

If 'yes,' indicate how the student should notify the instructor:

By email Phone call Visit to office Before/After the next class

By when should the student inform the instructor of the absence?

If the student reaches or exceeds the modified policy, then what options does the student have? (For instance, can the initial modification be reasonably revisited and reasonably re-modified? Should the student consider withdrawing from the course if still possible?)

Student Signature:

Instructor
Signature:

**** Both student and professor are encouraged to keep a copy of this form. Either party may submit a copy to CADR if desired.****