

# PHILLIPS SEMINARY

## DISABILITY SUPPORT SERVICES PLAN OF ACCOMMODATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Degree Program \_\_\_\_\_ Academic Term \_\_\_\_\_

The student has requested that the following description/explanation of his/her condition be disclosed: \_\_\_\_\_

\_\_\_\_\_

Professor: \_\_\_\_\_ Course \_\_\_\_\_

Students with disabilities may experience barriers to their full and meaningful participation in an academic setting. The above noted student is enrolled in your class and has been determined eligible to receive disability support services. The student has requested academic accommodations as outlined below and should be held to the same attendance and academic standards as students who do not have a disability. In order to provide equal access to the course and all course materials, the following accommodations are necessary:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director of Admissions and Student Services

\_\_\_\_\_  
Signature of Associate Dean

### **NOTE TO PROFESSOR:**

*If appropriate, discuss with the student his or her perceived barriers should there be an emergency evacuation and develop a plan of action. Accommodations should not fundamentally alter the nature of any course or program of study. It is not always possible to anticipate how each student's disability will be impacted in a course. As a result, it may be necessary to amend the above approved accommodations. Should you require clarification regarding this, please contact the Director of Admissions and Student Services. The information contained in this document is **CONFIDENTIAL** and should not be disclosed to a third party without written permission from the student.*