Attendance Accommodation Agreement

**Student to complete this portion. Use additional paper if needed.**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lake Land ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course (Prefix, Number, Section): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review the course syllabus. Due to disability/health reasons, what course policy/policies are you concerned about and think may requires an accommodation?**

Please check only those areas for which you have a concern for this specific course.

\_\_\_ Attendance policy and / or participation grade

\_\_\_ Making up quizzes

\_\_\_ Making up tests / exams

\_\_\_ Extensions for making up class or lab assignments

\_\_\_ Making up group projects or presentations

\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain your concerns in each area that you selected and whenever possible, please offer reasonable solutions you would like your instructor to consider. You may use the space provided or speak with your instructor about these concerns.

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Office of Student Accommodations

217-234-5259 – Luther Student Center Office 24

Attendance Accommodation Agreement (continued)

**Instructor to complete this portion. Use Additional paper if needed.**

Is the student listed on your roster accommodations list? \_\_\_ Yes \_\_\_ No

 If so, is “Attendance Accommodation” listed? \_\_\_ Yes \_\_\_ No

 If so, please proceed with this form.

 If not, please refer the student to the Office of Student Accommodations.

If the student has a flare up related to the disability / health condition, the student should contact me via:

\_\_\_ Email \_\_\_ Canvas \_\_\_ Phone \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the student has a flare up in their condition and follows the expected communication, I agree to provide the following flexibility for this student:

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Instructor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructors, please send a copy of the agreement to the Office of Student Accommodations.

Please feel free to contact the Office of Student Accommodations for any concerns regarding reasonable accommodations. The Office of Student Accommodations is a resource for both the student and the instructor.

Office of Student Accommodations

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Attendance Accommodation Agreement (continued)

Guidelines and Agreement

I accept and acknowledge the accommodations that have been agreed upon via collaboration with the course instructor.

I understand that accommodations may not fundamentally alter the core requirements of the course and the Attendance Accommodation is not designed to allow students to miss an unlimited number of classes, assignments, projects, quizzes, or tests.

**Expected Communication: I agree to communicate with my instructor within 24 hours of a missed task if my disability affects my participation or attendance, and I will only use this accommodation for missed tasks related to my disability documented in the Office of Student Accommodations for which this Attendance Accommodation was approved.**

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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