

**ATTENDANCE ACCOMMODATION AGREEMENT**  
Lake Land College Office of Student Accommodations  
5001 Lake Land Blvd, Mattoon, IL 61938-9366  
Office: 217-234-5259 Fax: 217-234-5025  
aniebrugge71503@lakelandcollege.edu



Please complete this form and return it to Amber Niebrugge, Counselor/Coordinator of Disability Services, as soon as possible.

If you have any concerns regarding reasonable accommodations, please contact Amber by phone at 217-234-5259, by email aniebrugge71503@lakelandcollege.edu or in person in Counseling Services in the Student Services Wing of the Luther Student Center. The Office of Student Accommodations is a resource for both the student and the instructor.

STUDENT NAME	STUDENT ID NUMBER
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INSTRUCTOR NAME	COURSE
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**STUDENT PORTION:**  
(Use additional paper if needed.)

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.

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|--|--|
| <input type="checkbox"/> Attendance policy and/or participation grade      | <input type="checkbox"/> Making up quizzes     |
| <input type="checkbox"/> Extensions for making up class or lab assignments | <input type="checkbox"/> Making up tests/exams |
| <input type="checkbox"/> Making up group projects or presentations         | <input type="checkbox"/> 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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INSTRUCTOR PORTION:

(Use additional paper if needed.)

Is the student listed on your roster accommodations list? Y\_\_\_ N\_\_\_

If yes, is "Attendance Accommodation" listed? Y\_\_\_ N\_\_\_

If yes, 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'S SIGNATURE	DATE
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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'S SIGNATURE	DATE
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