



LETTER OF ACCOMMODATION (LOA)
DISABILITY SUPPORT SERVICES
CONFIDENTIAL

STUDENT:

DATE:

QTR:

Dear Instructor,

The above named student has a documented disability that has been recognized through Disability Support Services' qualification and registration process. This student's *Letter of Accommodation (LOA)* is valid for the **current quarter only**.

Accommodations marked on the attached *LOA* are those for which your student is eligible. The student must discuss their accommodations needs with you as soon as possible. ***Accommodations are not retroactive*** and **begin** once the student has contacted you and discussed the implementation of their accommodations.

The goal of reasonable accommodations is to give students with disabilities the opportunity to demonstrate abilities and equal access to the learning environment. Individualized accommodations are not designed to give the student an advantage over other students, to alter a fundamental aspect of the course, or weaken academic integrity. Discrimination against individuals with disabilities is prohibited by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

When a student presents their *LOA* to you please:

1. Review the *LOA* with student for application and reasonableness with course curriculum.
2. Discuss with the student methods for providing and coordinating accommodation(s) in specific situations/classes.
3. Provide the college authorized accommodations as outlined by DSS in the *LOA*.
4. Maintain confidentiality when speaking with students regarding *LOA* (e.g. do not speak with the student in front of classmates, instead, have conversations before and/or after class or during instructor's office hours).

Please notify me with any questions or concerns regarding a student's accommodations. I am also happy to help with the implementation of a student's accommodations.

Thank you for partnering with us to make GHC's programs accessible to all students.

Sincerely,

Holly Leonard
Disability Support Services Specialist
360.538.4068
holly.leonard@ghc.edu



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TESTING ACCOMMODATIONS: Students are to discuss with the Instructor arrangements for Testing Accommodations. **If the Instructor would like, the Testing Center or DSS office may be used to administer and/or assist in the implementation of testing accommodations.**

_____ *Extended time – time and half* _____ *Extended time – double time* _____ *Reader*
_____ *Alternate Location to reduce distraction* _____ *Enlarged print/font* _____ *Scribe*

SUPPORT SERVICES : Student qualifies to have the following support service with them in class and DSS will coordinate the accommodation.

_____ *Scribe* _____ *Visual Interpreter* _____ *ASL Interpreter/Captioning (Remote or Live)*

OTHER ACCOMMODATIONS

_____ **USE OF DIGITAL RECORDER or LIVE SCRIBE PEN:** Allow the use of a digital recorder as a substitute for or as a supplement to note taking. **Note:** Student sign agreement to only use the recording for academic use.

_____ **NOTE TAKING ASSISTANCE:** The student may choose a classmate or work with the instructor to locate a classmate note-taker. **Note:** The DSS office has No Carbon Required (NCR) paper for this purpose. Information for organizing a note-taker is attached to the LOA.

_____ **PREFERENTIAL SEATING:** Please discuss this with the student (e.g. the placement for use of a digital recorder, specialized supportive chair arranged through DSS, or preference for a specific place within the classroom).

_____ **ORAL COMMUNICATION:** Please face the class at all times when speaking. Some students with audio perceptual problems need to see the person’s face and lips as they speak.

_____ *Alternate sit/stand* _____ *Short Breaks* _____ *Supportive Chair* _____ *Podium*

STUDENT: *I understand that I am responsible for discussing my accommodations on this form with each of my instructors. I also understand that these accommodations are not retroactive; they do not take effect until I’ve discussed my need for accommodations with each instructor.* It is in my best interest to discuss my accommodations with my instructor within one week of receiving this LOA. If I have Testing Center accommodations, it is my responsibility to ensure I allot myself enough time to complete my exam before the Testing Center closes.

Student Signature Date

Authorized DSS Signature Date

QUARTERLY ACCOMMODATION INFORMATION

Appropriate accommodations that provide equal opportunity to participate in and receive the benefits of all programs and activities of the college are the right of each student with a disabling condition.

STUDENT RESPONSIBILITIES:

1. I will *inform* the DSS Specialist of any changes in my condition of disability and provide additional documentation if necessary during the course of my educational enrollment at Grays Harbor College. If the DSS Specialist determines that additional documentation is necessary, acquiring appropriate documentation is my responsibility.
2. I understand that the use of Support Services (ASL, Visual Interpreters, Scribes, CART, etc.) is a major accommodation and requires I **provide DSS with a 24-hour notification** of absence/cancellation.
If I fail to provide a 24-hour notification for more than *3 consecutive school days*, these accommodations services *may be suspended* until I meet with the DSS Specialist to discuss my attendance. Reinstatement of suspended accommodation services *may not be immediate* due to the time required to re-coordinate support staff schedules.
3. Upon completion of registration for *each quarter*, I will schedule an appointment to meet with the DSS Specialist to *activate* my accommodations. I also agree to introduce myself to my instructors, if appropriate, and discuss with them the agreed upon accommodations for the quarter.
I understand that **accommodations are not retroactive** and *do not take effect each quarter until* I have met with the DSS Specialist and discussed my accommodations with my instructors.
4. If accommodations include priority registration, I *will be responsible for obtaining the priority registration form* from DSS in a timely manner. I understand the timeliness of accommodations is contingent upon getting the class information to DSS as soon as possible.
5. I will **inform** DSS of any problems with my accommodations (e.g. equipment not working correctly, note-taker not coming to class, accommodations not meeting student needs, etc.).
6. If accommodations include alternate testing (e.g. separate test location, reader, scribe, extended time, etc.), I understand that it is *my responsibility* to **remind** the instructor and DSS at least a week before **each test** day that I will need alternate testing.
7. If the alternate testing is through the DSS/Testing office, I **agree** to bring in a copy of my class syllabi at the beginning of the quarter so tentative test scheduling can be arranged. I will **inform** DSS of any changes to the class syllabi testing dates as I am made aware of them.
8. I will make formal request for major accommodations (i.e. alternately formatted textbooks, ASL interpreters, scribe, etc.) with DSS *at least 20 instructional days* in advance of need.

DSS RESPONSIBILITIES:

1. Answer students' questions about DSS and accommodations; and provide orientation packet.
2. Once documentation is received from student and/or outside medical provider review documentation of a disability.
3. Meet with student and complete an Intake Interview to assess and identify reasonable accommodations.
4. Develop LOA with the student for distribution to each course instructor.
5. Upon request, help students and instructors with the coordination of accommodation.
6. Serve as an advocate for the college and students to ensure equal opportunity and equal access are available through reasonable accommodations in the classroom, with testing, and all college programs and activities.