

Student Responsibilities

GHC's Disability Support Services

As a student who has provided appropriate documentation to the Disability Support Services (DSS) office to obtain accommodations, I agree to the following:

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. 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.).
5. 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 at least 3 business days before **each test** day that I will need alternate testing.
6. If alternate testing is through the **Testing Center**, I **agree** to make an appointment with the Testing Center 3 business days before the test. (Students are encouraged to schedule their test as soon as they know the test date). If the Testing Center is unavailable, students will need to schedule their test with DSS.
7. If alternate testing is through **DSS** (e.g. separate test location, reader, scribe, etc.), I **agree** to make an appointment with DSS office, 3 business days before the test. (Students are encouraged to schedule their test as soon as they know the test date).
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.

Print Name: _____ Signature: _____ Date: _____
(Please PRINT NEATLY) (Please sign here)