



Instructor Response to Disability Accommodation Authorization

SP.06.030 A. Accommodation of Students with Disabilities. The university will strive to provide, and adjustments,

provided such adjustments would not result in a fundamental alteration of the affected service, program activity; lower the standards of an instructional program; result in an undue financial, administrative, or academic direct threat to the health or safety of others.

Student Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

Course Designator/Number \_\_\_\_\_ Course Name: \_\_\_\_\_

CRN: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

1. Attach a copy of the accommodation recommendation.

Authorized accommodations should not be Z š š Z please describe specifically the standard that will be compromised, and note that the focus should be on learning outcomes, not the process of achieving learning outcomes. (Attach additional sheets as needed.)

3. If there is an acceptable, alternative accommodation that the faculty member believes would serve the needs of the student at least as well as the authorized accommodation, describe here.

Faculty Signature: \_\_\_\_\_ / \_\_\_\_\_  
Print Name Date

Department Chair Signature: \_\_\_\_\_ / \_\_\_\_\_  
Print Name Date

Chair comments:

Dean Signature: \_\_\_\_\_ / \_\_\_\_\_  
Print Name Date

Dean Comments:



