Semester: ________________

To: Faculty Member/Advisor

_________________________________________ has taken the responsibility of providing the Office of Accessibility Services with all the documentation that is required for us to complete their Accommodation Plan (and Evacuation Plan, if applicable).

Please complete the information below and return to my office within one week of receipt of your copy of this student’s Accommodation Plan.

Your signature below confirms that you understand the vital importance of the confidentiality of this plan and that you will keep it in a secure place and not share the information it provides with anyone.

-----------------------------------------------------------

Faculty/Advisor Information:

Today’s Date: __________

Name: __________________________________________ Signature: __________________________________________

Course Name & Course Number (ex: Founding in Literacy, SEU100):

____________________________________________________________________________________________

Classroom Location: __________________________ Office Location: __________________________

Email: __________________________ Phone #: __________________________

Office Hours: __________________________ Your Role w/Student

Faculty ☐  Advisor ☐  Other ☐

***Upon completion the student must return this form to the Accessibility Services Coordinator.***