

## **Accessibility Services Accommodation Agreement Form**

This form should be completed by the course instructor and student and is intended to summarize the use of approved accommodations in a specific course (e.g. Modified Attendance, Assignment Extensions, Reschedule Exams, Oral Participation, and Oral Presentation).

<b>Student Name &amp; ID:</b>	<b>Course:</b>
<b>Instructor Name:</b>	<b>Academic Term:</b>

**What approved accommodations is the student electing to use in this course?**

**Summarize the implementation and parameters agreed upon for each approved accommodation (Refer to the specific accommodation policy for guidance).**

Please return this form to [accessibilityservices@capital.edu](mailto:accessibilityservices@capital.edu). I have read the applicable accommodation policies and hereby agree to the summary above for the use of the accommodation(s) in this course.

**Student Signature:**  
**Date:**

**Instructor Signature:**  
**Date:**