
C O N F I D E N T I A L M E M O R A N D U M

DATE: «Date»
TO: «professor»
FROM: Bethany Anderson
Program Coordinator for Disability Support Services
RE: «Name» («student ID #»)

«Name» is a student with a disability who is enrolled in your «Cr sno» «Classname» class this quarter. According to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, the University is required to help provide equal access to educational facilities and programs. It is the role of Disability Support Services to work in partnership with the student and with faculty to ensure that students have appropriate educational accommodations.

Specific accommodations given each student are based on common practices at other institutions of higher education. Each student requesting accommodations must have appropriate documentation on record with Disability Support Services and meet with me before accommodations are approved. After carefully reviewing «Name»'s documentation and having the personal interview, we determine which classroom accommodations would be most appropriate.

Attached are those accommodations relevant to classroom-based support for which this student is eligible. Please note that «Name» may not need or may choose not to use all of the approved accommodations in your class. In most situations, students are able to facilitate accommodations on their own. If they need to involve you according to the guidelines of the accommodation, it is their responsibility to contact you. In some cases, additional adjustments may need to be made due to the nature of the course. I will contact you if this situation should arise.

Thank you in advance for your cooperation. I appreciate all that you do to make the educational experience in your class a rewarding one. If you have any questions about accommodations or about the student please do not hesitate to call me at x2272.