

# ACCOMMODATIONS NOTIFICATION FORM

To: ALL INSTRUCTORS

Date: \_\_\_\_\_

Term: \_\_\_\_\_

From: \_\_\_\_\_  
(Student Name)

SS#: \_\_\_\_\_

I have completed a disability intake interview with Disability Support Services at Ivy Tech State College. To equalize my chances of success in the classroom, the following accommodations would be beneficial:

Accommodation(s):
Comments:

**Student Signature** \_\_\_\_\_

## **NOTE TO THE INSTRUCTOR FROM DISABILITY SUPPORT SERVICES**

The above stated information has been prepared through consultation with our office. This information should be considered confidential. The accommodations are necessary to comply with the intent of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA). Both address the issue of non-discrimination of students with disabilities in post-secondary settings. Your cooperation is not only appreciated, but it is essential to the College meeting its obligation under the law.

Although the primary responsibility for advocacy rests with the student, you might find it beneficial to meet with the student and discuss the best way of providing necessary accommodations.

Please contact this office if you have additional questions or concerns regarding this student's accommodations.

\_\_\_\_\_  
**Disability Services Authorization**

\_\_\_\_\_  
**Room and Phone**