

Disability Services Program

Accommodation Agreement

I understand and agree to the following:

- 1. I am responsible for informing Disability Services of my need/request for accommodations. I will contact the DSP Office at (707) 864-7136 or by email at dsp@solano.edu to make an appointment with a DSP counselor.
- 2. All reasonable accommodations that are available to me will be based on documentation I am required to provide to DSP services. The documentation must be from a qualified professional who is licensed to diagnose my disability. If requesting accommodations for more than one disability, I will need to provide documentation for each one.
- 3. I understand that a request for changes/adjustments to my accommodations will require that I make an appointment with my DSP counselor for a review.
- 4. If the need for an approved accommodation has not been met, I will contact the DSP office to inform them of the situation and request assistance in providing a resolution.
- 5. I understand that accommodations are NOT retroactive <u>and only begin **once I have submitted all required paperwork** to the Disability Services Program.</u>

| I plan to utilize my accor | nmodations for classes at Sola | no College. My educational | goals are as follows: | |
|--|---|----------------------------|-----------------------|--|
| Transfer | AS/AA Degree | Certificate | ☐ Job Skills | |
| Basic Skills Personal/Social Development Undecided | | | | |
| | ave not received a copy of my SP Office and authorize them | | - | |
| | □ Yes □ | No | | |
| | | | | |
| | | | | |
| Student Signature Student ID# | | DSP Staff | DSP Staff Signature | |