



## 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](mailto: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 for 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 any changes/adjustments to my accommodations will require that I make an appointment for review with my DSP counselor.
4. If the accommodations agreed upon are not being met as stated in the Accommodation Letter, 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 and only begin once I have submitted all required paperwork to the Disability Services Program.

**I plan to utilize my accommodations for classes at Solano College. My educational goals are as follows:**

- Transfer    AS/AA Degree    Certificate    Job Skills    Basic Skills
- Personal/Social Development    Undecided

**If my instructor(s) have not received a copy of my Accommodation Letter after two weeks of class, I will inform the DSP Office and authorize them to send a copy on my behalf**

Yes    No

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Student Signature

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Student ID#

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DSP Staff Signature