

Windward Community College
Office for Students with Disabilities
Letter of Accommodations

Name of Instructor _____

_____ is a student with a documented disability who is enrolled in your _____ class which meets (time) _____ (date)_____.

Based on my review of the documentation and discussion with the student, the following accommodation(s) are appropriate for your class: _____

_____.

Please take the opportunity to discuss the requested accommodations with the student. If there are unusual or special circumstances which might require additional accommodations, please feel free to discuss this with the student and contact me with questions or suggestions.

The student is being referred to or is already receiving services from the Trio program.

Student signature: _____ I acknowledge that I have discussed the above accommodations with the disability counselor and I give her permission to share this accommodation letter with my instructor.

Counselor signature: _____

Instructor signature: _____ I have received the letter of accommodation from the above signed student.