**Office of Services for Students with Disabilities (OSSD)**

**Modified Attendance Agreement**

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| **Student Name:** | Click here to enter text. | **WCU ID #:** | Click here to enter text. |
| **Course/Number/ Section:** | Click here to enter text. | **Semester:** | Click here to enter text. |
| **Instructor Name:** | Click here to enter text. | **Instructor’s Email:** | Click here to enter text. |

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Federal law requires colleges and universities to consider reasonable modification of attendance policies if needed to accommodate a student’s disability.

The Office of Services for Students with Disabilities (OSSD) requires that students with a disability-related need for flexibility in attendance meet with their instructors to discuss the extent to which modification in attendance policies may be reasonable for a particular class. Following this meeting, the student and instructor should have a clear understanding of what accommodations can be made for disability-related absences. To facilitate this discussion this Agreement should be reviewed and completed to clearly set expectations. The OSSD director is available to consult with instructors and students on issues concerning disability and attendance and can facilitate the completion of this Agreement. For more information about what should be considered prior to completing this agreement, please contact the [Office of Services for Students with Disabilities](mailto:ossd@wcupa.edu) (OSSD).

**Classroom Instructor to complete 1 – 5:**

**1. What is the maximum number of disability-related absences allowed as an accommodation for this student for this course?** Please do not restate the number of absences allowed for all students in the course. Allow the student to explain how many absences they anticipate before determining an appropriate alternate number. Be as specific as possible. Avoid vague phrases such as “flexible”, “to be determined” or “open”. If needed, provide a separate number for lecture, lab, recitation, etc.

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| Maximum number of disability related absences allowed: | Click here to enter text. |
| Additional information (optional): | Click here to enter text. |

**2. How and when will the student notify the instructor of a disability-related absence (email, phone, etc.)?** Depending on the nature of the student’s disability, is it reasonable for the student to notify the instructor of a disability-related absence either **before** or **after** the missed class session? A doctor’s note **will not** be required for disability-related absences.

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| Click here to enter text. |

**3. What is the procedure for turning in homework/assignments/projects due the day of a disability-related absence?** Include maximum number of days assignments may be late and how they are to be submitted.

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| Click here to enter text. |

**4. What is the procedure for making up a missed quiz, examination, or in-class graded assignment given on the day of a disability-related absence?**

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| Click here to enter text. |

**5. Indicate the required number (or percentage) of classes, visits, etc. that must be attended in order to receive credit for externships, student teaching, and other offsite obligations:**

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| Click here to enter text. |

If attendance can be justified as an integral part of how the course is taught and/or how learning is to be demonstrated and measured, there can be a point at which disability-related absences cannot be reasonably accommodated. If at any point, the instructor and/or the student have any questions or concerns about this process, the Modified Attendance Agreement and/or the provision of this accommodation, the OSSD should be notified as soon as possible so they can address the concerns and work to resolve them.

If the maximum number of allowed absences is exceeded during the semester, the student and instructor must meet to discuss an appropriate course of action (such as: student will be granted an incomplete; student will be advised to withdraw from the course; the number of absences allowed will be reviewed, etc.). The OSSD should be informed as soon as possible so they can work with the instructor and student to come to a reasonable solution.

**The above information has been discussed and agreed upon by the undersigned and is effective when all parties have completed the following and the classroom instructor has emailed the completed form to the OSSD (**[**ossd@wcupa.edu**](mailto:ossd@wcupa.edu)**):**

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| **Student’s Name:** | Click here to enter text. | | |
| **Student’s Signature:** |  | **Date Signed:** |  |

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| **Instructor’s Name:** | Click here to enter text. | | |
| **Instructor’s Signature:** |  | **Date Signed:** |  |

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| **OSSD Director’s Name:** | Click here to enter text. | | |
| **OSSD Director’s Signature:** |  | **Date Signed:** |  |