



I have reviewed the approved accommodations for (student's name) _____
_____ as they apply to the following course(s) (_____
_____) and understand that I am legally required to provide
these to the above student, as stated in Section 504 of the Rehabilitation Act of 1973 and the
ADA Amendments Act of 2008. I understand that these accommodations have been requested
by the student's medical provider and reviewed by the Disability Coordinator (Student Support
Counselor). I understand that if I have any questions about these accommodations, that I have
support available in the form of my supervisory chain (e.g. chair, dean, vice president), as well
as the Disability Coordinator. I understand that it is ultimately my responsibility to ensure that
these accommodations are met to an acceptable standard, and that if I have any questions or
concerns about what those standards are, that the Disability Coordinator is my greatest
resource. I understand that this student's disability is private, and should not be addressed with
the student in the presence of his or her peers. I understand that the student does not have to
disclose to me what the disability is, though they can if they choose to, and that I cannot in any
way force or coerce a student into disclosing this information to me. I understand that this
student is protected from all forms of discrimination, including retaliation, and that the purpose
of these accommodations is to provide a fair and supportive learning environment for the
student. I understand that these accommodations are not intended to reduce the rigor or
validity of the course/program, and that if I have questions or concerns about this, I can address
those with my supervisory chain, the Disability Coordinator, and ECC's General Counsel.

Full Name and Signature of Instructor

Date