

Lurleen B. Wallace Community College

Classroom Accommodations

ADA Office

Student's Name:	Student Number:
Course:	Semester:
Day/time of Course	Instructor's Name:
Accommodations Proposed:	

ADA Coordinator Signature

Date

Listed below are the accommodation(s) the student and instructor agreed upon *if different* from those proposed above:

Student's Signature

Instructor's Signature

After completing this document, the instructor will return it to the ADA Office for filing.

NOTE: This document and the information obtained herein are **CONFIDENTIAL** and shall not be shared with any party, except to the extent necessary to carry out appropriate accommodations. However, this document shall be subject to review by appropriate state and federal authorities to ensure compliance by Lurleen B. Wallace Community College with applicable federal, state and local disabilities laws and statutes.