

Lurleen B. Wallace Community College

Instructor's End of Semester Report

ADA Office

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| Student's Name: | Student Number: |
| Course: | Semester: |
| Days/Time: | Instructor: |

1. Did the student turn in a Classroom Accommodation(s) Form?

Yes _____ No _____

If yes, were the agreed upon accommodations/services provided to the student?

Yes _____ No _____

If No, explain: _____

2. Briefly describe the student's overall performance in your class.

Instructor's Signature

Date

Please return this form even if the student did not give you a request for a accommodations; however, please note that you did not receive a request.