Disability Services

Faculty Feedback

Faculty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate completion of each task by placing an X on the line next to the task.

\_\_ Met with student(s) to create accommodation implementation plan

\_\_ Notify other faculty members of the accommodation on a need to know basis. As example lab or clinical instructors, or preceptors anyone involved in the teaching of your course.

\_\_ Notified Vicky Welge of concerns related to implementation of academic accommodations or to determine the individuals who need to know the student’s accommodations

Refer student(s) as needed to Vicky Welge if the student requests additional services.

Faculty Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the bottom of the page to list other problems or concerns that may need to be addressed to ensure accommodations are implemented.

***Return this completed and signed form to Vicky Welge after the end of the first week of the semester.***