



Attendance Flexibility and Deadline Extension Accommodation Agreement Form

You have received the *Attendance Flexibility and Deadline Extension Accommodation Agreement Form* because a student enrolled in your course has been approved by Student Disability Services (SDS) for one or both of these disability accommodations. Please review the *Guide to Assessing Accommodation Requests for Attendance Flexibility and Deadline Extensions for Instructors* to assess whether and to what extent, attendance flexibility and/or deadline extensions can be accommodated in your course.

Please complete this form and return it to disabilities@uchicago.edu. Upon review by an SDS Director, we will follow up with you with any questions. When the course assessment process is complete, SDS will share this form with the student, who will sign off that they have reviewed the form and agree to the terms. SDS will then share the approved form with you and the student. Please keep a copy of the approved form for use in the implementation of this accommodation.

Instructor's Name: _____ Instructor's email: _____

Course: _____

Section A: Excused Absences/Make-up Participation Points

- ☐ Using the Attendance Flexibility Consideration Rubric, I have determined that a student with a disability may miss class for disability-related reasons beyond the number of allowed absences on the syllabus.
- Adjusted maximum # of excused absences without penalty (e.g. standard =3, adjusted = 6) _____
 - Additional details or exceptions to allotment, (e.g., lecture absences allowed, discussion not allowed).

 - Plan for make-up participation points, if applicable (e.g., submit additional blog posts on Canvas.)

- ☐ Using the Attendance Flexibility Consideration rubric, I have determined that absences beyond the number allowed in the syllabus is *not* a reasonable accommodation. Please explain _____

Section B: Deadline Extensions for Assignments (problem sets, lab reports, papers, presentations, etc.)

- ☐ Using the Deadline Extension Consideration Rubric, I have determined that a student with disability may have deadline extensions.

Applicable assignments: _____

Please specify the expectations of the deadline extensions.

Timeframe for a deadline extension (check all that apply)

- ☐ Due within _____ business days of the original due date. Assignment type _____
- ☐ Due on _____ (specify revised due date): Assignment type _____
- ☐ Notification plan for requesting extensions (e.g., notice before class, by email):

- ☐ List assignments that are *not* approved for deadline extensions: _____

- ☐ Using the Deadline Extension Considerations Rubric, I have determined that deadline extensions is *not* a reasonable accommodation. Please explain _____

Important Notice to students: The consequences outlined for the class for missing the deadline applies to the adjusted deadline for the student using this accommodation.

Section C: Make-up Quizzes/Exams:

Students with conditions that result in unanticipated medical episodes may be unable to attend class or a scheduled exam administration. A student with this accommodation must have the opportunity to take a make-up exam or quiz that is a similar format and difficulty. Please complete the information below outlining your expectations for the student to make-up the assessment.

- ☐ I have determined that administering a make-up quiz/exam is a reasonable accommodation.

Timeframe for Make-up Quizzes/Exams (select one):

- ☐ Within _____ business days for the original quiz/exam date, or
☐ By _____ (specific date).

Proctoring of the Make-up Quizzes/Exams (select one):

- ☐ The Instructor/TA (specify) _____, or
☐ SDS (with prior submission and approval of an Exam Proctoring Request and Alternative Testing Agreement).

- ☐ I have determined that administering a make-up quiz/exam is *not* a reasonable accommodation. I would like to discuss this further with SDS.

Please submit this form to disabilities@uchicago.edu as soon as completed. The SDS staff will follow up with you after reviewing the agreement form with any questions. Using this information, an accommodation agreement will be finalized. You will receive a signed copy of the agreement for your records.

SDS has reviewed this Agreement Form, consulted with the instructor and student and approves this form.

Instructor Signature _____ Date: _____

I (Student) _____ has reviewed this plan and agree to the following:

1. To use these accommodations for disability-related reasons only and to maintain prompt and regular communication with the instructor.
2. To contact the instructor and SDS if unable to meet the terms of this agreement.
3. To be responsible for meeting the policies in the course syllabus and the essential requirements of the course, as is required by all other students enrolled in the course.
4. This agreement becomes effective on the date signed by the instructor and student. The terms of this agreement are not retroactive to previous course requirements.

Student Signature: _____ Date: _____

Instructor and student: Please keep a copy of the signed plan to be used in the implementation of these accommodations.