

Office for Disability Services
Lincoln College-Normal

Student Responsibilities Contract

As a student receiving accommodations, I am aware that I have the following responsibilities in order to be eligible to receive appropriate services for my disability(ies).

- ❑ I must provide documentation of my diagnosed disability including information regarding the impact of the disability and recommended accommodations.
- ❑ I understand that information provided to ODS is considered private and will be used for the expressed purposes of establishing protection under the law, determining appropriate accommodations and ensuring the effective implementation of those accommodations. All provided information will be protected against misuse by others.
- ❑ I will meet with the Office for Disability Services to determine the accommodations I am eligible to receive while at Lincoln College-Normal.
- ❑ I understand that my exams will be proctored. If I am found cheating, I will be subject to the regulations in the Lincoln College Handbook.
- ❑ I am responsible for asking my instructors to send exams to the Testing Center and for taking the exam during regular Testing Center hours. If I do not take the exam by the instructor's designated deadline, I understand that the exam will be returned to the instructor.
- ❑ I agree to abide by the following rules regarding testing in the Testing Center.
 - Individual instructors' rules for testing will be enforced.
 - No food or drink is allowed in the Testing Center.
 - Only instructor approved notes, books, calculators or other aids will be permitted.
 - Bookbags and coats must be left in the Quiet Study Area adjacent to the Testing Center.
 - Purses or ID cards may be left with the Testing Center Supervisor.
- ❑ I understand that to be eligible to receive any approved accommodations, I must turn in a written request within the required time frame. Requests for sign language interpreters/real time captionists, notetakers, typists or other specialists must be received at least 5 business days before the date of need. Texts-on-tape must be requested at least 2 weeks in advance.

- ❑ I am responsible for scheduling necessary appointments with the Office for Disability Services, instructors, advisors, tutors and others who may be assisting me.
- ❑ If I must miss a scheduled appointment, I will call to cancel or reschedule.
- ❑ I am responsible for completing ALL requirements for the course(s) in which I am registered.
- ❑ I will take responsibility for learning and using the various services provided by Lincoln College-Normal (i.e., Learning Resource Center, Milner Library, Academic Advisement, Financial Aid, and ISU's Career Counseling Center and Health Services).
- ❑ I understand that it is my responsibility to keep Office for Disability Services informed of my current email and local address so that I may receive correspondence and notifications.
- ❑ I understand if I have a concern about the services or my accommodations, it is my responsibility to schedule a meeting with the Office for Disability Services.
- ❑ I have read and understand my responsibilities as a student receiving accommodations. I agree to fulfill these responsibilities, and I agree that failure on my part to do so may result in my ineligibility to receive services to accommodate my disability.
- ❑ This contract will be in effect as long as I am a registered student at Lincoln College-Normal unless I provide a written, signed letter canceling it. I understand that canceling will result in termination of eligibility to receive services.

(Student Signature)

(Date)

(ODS Staff Signature)

(Date)