



Disability Services Program

Accommodation Agreement

I understand and agree to the following:

1. I am responsible for informing Disability Services of my need/request for accommodations. I will contact the DSP Office at (707) 864-7136 or by email at dsp@solano.edu to make an appointment with a DSP counselor.
2. All reasonable accommodations that are available to me will be based on documentation I am required to provide for DSP services. The documentation must be from a qualified professional who is licensed to diagnose my disability. If requesting accommodations for more than one disability, I will need to provide documentation for each one.
3. I understand that any changes/adjustments to my accommodations will require that I make an appointment for review with my DSP counselor.
4. If the accommodations agreed upon are not being met as stated in the Accommodation Letter, I will contact the DSP office to inform them of the situation and request assistance in providing a resolution.
5. I understand that accommodations are NOT retroactive and only begin once I have submitted all required paperwork to the Disability Services Program.

I plan to utilize my accommodations for classes at Solano College. My educational goals are as follows:

- ☐ Transfer ☐ AS/AA Degree ☐ Certificate ☐ Job Skills ☐ Basic Skills
- ☐ Personal/Social Development ☐ Undecided

If my instructor(s) have not received a copy of my Accommodation Letter after two weeks of class, I will inform the DSP Office and authorize them to send a copy on my behalf

☐ Yes ☐ No

Student Signature

Student ID#

DSP Staff Signature