Written Notice of Failure of Accommodation to Meet a Need of a Student with a Disability

Student Name: _____________________________ Date: _______________________

Class: _____________________ Professor: __________________________

Please state your concern regarding the accommodation. Include an explanation of why the current accommodation(s) is/are not meeting your needs:

What suggestion(s) you have that you believe would make the accommodation(s) effective?

Signature of Student: __________________________________________

Date Received by DSO: _____/____/_____ Received by: ________________________________

DSO Office Use Only: