

# KLAMATH COMMUNITY COLLEGE

Klamath Community College provides accessible, quality education and services in response to the diverse needs of the student, business, and community.  
The College supports student success in workforce training, academic transfer, foundational skills development, and community education.

## Instructor Accommodation Notice

DATE: 01/24/2024

FROM: Idaly Bustillos

SUBJECT: Disability Accommodations

EFFECTIVE THROUGH: Winter Term 2024

\_\_\_\_\_ has presented documentation of a disability and is legally entitled to provision of services for students with disabilities under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The academic adjustments and/or auxiliary aids (“accommodations”) listed below have been determined appropriate and necessary for the student to have an equal chance to succeed in the academic environment while he or she is a student at KCC.

I recommend discussing with the student how the accommodations below can be best provided. He or she may not necessarily request or need all of the approved accommodations for a particular class. In the event you regard an accommodation as being at odds with legitimate course objectives or would require a fundamental alteration of the academic program, please contact me at the number below.

For questions about how specific services are provided, please contact Disability Coordinator in building 9 or by calling 541-882-3521. Thank you for your assistance in meeting this student’s needs.

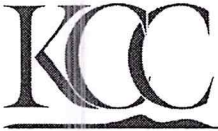
You are obligated to keep information related to these accommodations confidential.

### Approved Academic Adjustments and Auxiliary Aids:

- Use of a tape recorder and/or note taking services: The use of either a note-taker or tape recorder to tape lectures and announcements. The course content and discussion between student and instructor will determine which aid is most appropriate. If you choose to use a note-taker, please follow the note taking services guideline below.

Note taker services: Please help us identify a student in the class who you believe would be a competent and dependable note taker. If you do not know of any students in your class with good note taking skills, please make the following announcement without mentioning the name of the student(s):

“There is a student in our class who needs a copy of the class notes. If you take accurate and legible notes, and regularly attend class, please see me at the end of the class.”



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At the end of the class, please direct the prospective note taker to see the Disability Coordinator in Building 9 to complete payroll information and to receive further instructions regarding note taking and the disability services program.

- Extended time for Assignments (48 hours)

Course name and number: ADS 152.01.HX \_\_\_\_\_

Accommodations requested: (please mark) \_\_\_ tape recorder \_\_\_ note-taker  
\_\_\_X\_\_\_ extended test time \_\_\_X\_\_\_ 48 Hours extended time on assignments

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

Faculty signature: \_\_\_\_\_

Course name and number: PSY 236.01 \_\_\_\_\_

Accommodations requested: (please mark) \_\_\_ tape recorder \_\_\_ note-taker  
\_\_\_X\_\_\_ extended test time \_\_\_X\_\_\_ Extended time on Assignments

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

Faculty signature: \_\_\_\_\_

Course name and number: WRITING 1227.01 \_\_\_\_\_

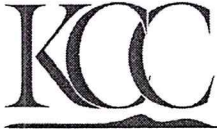
Accommodations requested: (please mark) \_\_\_ tape recorder \_\_\_ note-taker  
\_\_\_X\_\_\_ extended test time \_\_\_X\_\_\_ Extended time on assignments

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

Faculty signature: \_\_\_\_\_

Course name and number: CGS 115.02 \_\_\_\_\_

Accommodations requested: (please mark) \_\_\_ tape recorder \_\_\_ note-taker



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extended test time     Extended time on assignments

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

Faculty signature: \_\_\_\_\_

Course name and number: CGS 115.02 \_\_\_\_\_

Accommodations requested: (please mark)  tape recorder     note-taker

extended test time

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

Faculty signature: \_\_\_\_\_

NOTE: Students it is your responsibility to keep me informed as to whether you are receiving the accommodations you have requested.

**Return this original signed by you and your instructors to the Disability Coordinator in building 9.**

Disability Coordinator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

