

Modified Attendance Agreement

Disability Resource Center

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STUDENT NAME

STUDENT ID#

PROFESSOR NAME

COURSE CODE AND NAME

SEMESTER

Prior to completing this form, refer to the **Modified Attendance as an Accommodation** guidelines in the **Application Process for Accessing Accommodations**.

Part 1: Student Information

How might the student's disability impact his/her course attendance/participation?

1. How often does the disability typically impact the student's ability to attend class/complete assignments?

- Number of days per week
- Number of days per month
- Number of days per semester
- Other: _____

2. What is the typical duration of an absence/impact due to the student's disability?

- Hours
- Days
- Other: _____

3. What situations/conditions impact the student's ability to attend class?

TIME OF DAY

WEATHER CONDITIONS

SEVERE SYMPTOMS OR FLARE UPS OF DISABLING CONDITION

OTHER

Part 2: Modifications

1. Attendance Policy for Course

2. Modification Options

3. Modifications Appropriate for this Course

4. The method and timing of notification of absences to professor

5. The method and timing for making up any materials, exams, assignments, etc. missed due to the disability.

SIGNATURE DATE

PROFESSOR SIGNATURE DATE

DISABILITY RESOURCE CENTER DATE