♦ I have the responsibility to self-identify, having a disability and express my need for accommodations, in a timely manner. The student must provide documentation from an appropriate professional.

♦ I have a responsibility to demonstrate or document how my disability affects a particular delivery system, instructional method, or evaluation criteria when requesting accommodation.

♦ I have a responsibility to actively obtain, arrange, and participate in the search for accommodations and auxiliary aids. This responsibility extends to working with the institution to seek financial assistance from government agencies and private sources.

♦ I have the same obligations as any other student, to meet and maintain the institutions academic and technical standards.

♦ I have a right to be evaluated based on my abilities, not my disability. If my disability affects the outcome of an evaluation method, I am entitled to an evaluation by alternative means.

♦ I am entitled to an equal opportunity to learn. If the location, delivery system, or instructional methodology limits my access, participation in, or ability to benefit, I have a right to reasonable alterations in those aspects of the source (or program) to accommodate my disability.

♦ I have a right to appeal the institution’s decision concerning accommodations. First internally, by filing a petition with the college, then by filing a complaint with the regional Office of Civil Rights or through the Civil Court System.

SUPPLEMENTAL AGREEMENT FOR STUDENTS WITH DISABILITIES

As a HawCC student receiving accommodations I acknowledge:

♦ that equipment loaned to me is the property of HawCC – Hā‘awi Kōkua Center and has been provided to me on a loan basis for the purpose of an accommodation due to my disability and should be returned in good working condition. I understand that there will be a HOLD placed on my account if I fail to return this item. If this item is lost or stolen, I will notify the Hā‘awi Kōkua staff immediately. (Initial here) ________

♦ to make timely requests for additional accommodations (i.e. workshops, extra-curricular activities, and additional instruction) at least two weeks in advance. I understand that all requests will not be automatically granted and will be decided upon on a case by case basis. If requests are granted I will receive verbal or alternative notification from Hā‘awi Kōkua staff. (Initial here) ________
♦ to provide adequate (at least 24 hours) to note-takers, ASL interpreters and/or other in-class accommodation providers prior of any absence from class or other scheduled event. (Initial here)  

♦ not to request materials from note-takers, recorders, or other in-class provided accommodations unless I am present in class (unless pre-arranged with Hā’awi Kōkua counselor). If I do not show up for class within the first 15 minutes, my note-taker, ASL interpreter, and/or other worker will be authorized to leave unless instructed by Hā’awi Kōkua staff. (Initial here)  

♦ to attend classes regularly and discuss absences of 2 or more consecutive days with the Hā’awi Kōkua Counselor. If I require notes or other instructional materials provided during my absence, I will request them from my instructor or from another student (initial here)  

♦ not to duplicate and release any audio, visual, text files or any other materials received as part of my accommodation from any of my classes. (Initial here)  

HawCC reserves the right to modify disability related services if the student misuses or abuses the guidelines set forth in this agreement.

♦ I authorize the Hā’awi Kōkua Center to electronically send my accommodation letters to my instructors each semester. I understand that I can revoke this authorization at any time by submitting a written request to the Hā’awi Kōkua Center office. (Initial here)  

♦ I do not authorize the Hā’awi Kōkua Center to electronically send my accommodation letters to my instructors each semester and prefer to pick up my accommodation letters in hard copy format from the Hā’awi Kōkua Center. (Initial here)  

I have read/listened to this agreement, understand it and will fulfill the responsibilities listed. I understand that services which may be provided by HawCC are dependent on my fulfillment of my responsibilities.

Student: __________________________________________ Date: _____________________________