Petition for Course Substitutions:ADA (instructor) 3-2-9(E)

NorthWest Arkansas Community College

Documentation of Reasonable Effort

(To be completed by Instructor)

Dear:_____,

(Name of Instructor)

In the_____semester of_____, _____

(Fall/Spring) (Year) (Name of student)

Was enrolled in your_____class. This student is now requesting a

(Name of class)

degree modification for this class. In order to help discern if the student made a genuine and reasonable effort to successfully complete the class, please answer the following questions. The Degree Modification Committee will use your responses to determine if the student's request is justified, if it is, then the best modification will be recommended.

1. Attendance Record: The student attended_____out of _____days.
Comments:_____

_____

_____

2. Did the student complete assignments and participate appropriately in class activities?
_____
Comments: _____

_____

3. If the student was entitled to any accommodations due to a documented disability, did the student utilize these accommodations?_____Which accommodations were used and how were they used?_____

_____

Comments: _____

4. Did the student utilize available support services (for example, tutoring, videos, computer tutorials, study guides, teacher-prepared supplemental materials, etc.)? _____

_____

Which services were used and how were they used? _____

_____

Comments: _____

_____

5. In your professional opinion, did this student make a genuine and reasonable attempt to pass this class?_____Please include the rationale for your answer. _____

_____

_____

6. Other comments: _____

_____

_____ _____

Student's signature Date

Please return completed form to the Coordinator for the Office of Disability Services.