

OSSS

Student Checklist-OSSS Disability Services

Please initial each item. Document to be **COMPLETED** by the student each semester:

_____ I understand that, in order to receive the accommodations or services provided by the OSSS, I MUST ESTABLISH AND UPDATE, if necessary, my documentation for approval each semester I am a student at The University of Scranton.

_____ I understand that, if I have classroom accommodations, I MUST SCHEDULE an appointment with the OSSS staff to complete my faculty letters within the first two weeks of each semester.

_____ I understand that, in order to receive my accommodations for each class, I MUST DISTRIBUTE the appropriate faculty notification letter to each of my instructors. PLEASE NOTE: Accommodations will not be in effect until letters are distributed and are not retroactive.

_____ I understand that I MUST DISCUSS with each instructor each semester how my accommodations will be implemented.

_____ I understand that requests for NOTETAKERS are coordinated between the OSSS Staff and instructor.

_____ I understand that EXAMS will be TAKEN at the SCHEDULED CLASS time, unless approval is granted by BOTH instructor and OSSS staff for alternate date and/or time.

_____ I understand that I MUST REGISTER for scheduled exams using the OSSS on-line system at least five (5) working days prior to the date of the test.

_____ I understand that, if I FAIL to REGISTER for tests in a timely manner, I may be unable to take the test at the OSSS. (Instructors need time to deliver test to OSSS and OSSS staff must be available to proctor the exam.)

_____ I understand that a new FERPA Consent form must be signed each academic year.

_____ I understand that I may request a meeting to make a PERSONAL SAFETY PLAN in case of emergencies.

_____ I understand that, if I have any QUESTIONS about the implementation of any of my accommodations, I must contact one of the specialists below to discuss questions or concerns.

Mary Ellen Pichiarello
Christina Lenway
Rosemary Termini

(570) 941-4039
(570) 941-4218
(570) 941-7863

maryellen.pichiarello@scranton.edu
christina.lenway@scranton.edu
rosemary.termini@scranton.edu

Signature of Student

By typing your full name you are thereby signing this form.

Royal ID

Date Signed

Upon completion, please upload to the Accommodate system.