

DISABILITY SUPPORT SERVICES AGREEMENT

The Disability Support Services (DSS) office will work with you to ensure you receive your approved accommodations. In turn, students are required to do the following, where applicable.

PROVIDE A CURRENT COPY of YOUR MOA to:

- Each professor /instructor
- Testing Center (or approved proctor or ProctorU liaison at ELI)
- Tutoring/Learning Resource/Academic Success/Writing Center

REQUEST AN UPDATED MOA prior to each semester. Refer to the DSS webpage for [Instructions for Renewing Accommodations](#).

Accommodations begin when the MOA is provided to faculty/staff. Accommodations are NOT retroactive.

Meet with faculty/staff to explain your accommodations. If you encounter any problems or need to modify your MOA, contact your DSS counselor, using your **NOVA Student email**.

TESTING ACCOMMODATIONS

Minimal Distraction/Private Room

Reserve a minimal-distraction area or private testing room with the Testing Center at least seven (7) days in advance.

Notify your professor/instructor at least seven (7) days in advance to provide a copy of your exam/test/quiz to the Testing Center.

Alternate Format

When using, indicate which format – Word Document, original PDF, electronic, online – you need.

Braille format tests must be requested at least fourteen (14) days in advance.

Reader/Scribe

Arrange to meet your reader/scribe at the Testing Center on the day and time of your exam. Notify your DSS counselor so that he or she can assist if needed.

ALTERNATE FORMAT TEXTBOOKS

Refer to the fact sheet [How to Obtain Textbooks in Alternate Format](#) on the DSS webpage. Contact your DSS counselor if you need help. Allow 6 – 8 weeks to obtain these texts.

RECORDING LECTURES

These are not to be shared or distributed at any time during or after the conclusion of the semester.

ASSISTANCE DURING EMERGENCIES

Develop an emergency response plan and share it with faculty and staff. Consult with your DSS counselor for assistance.

Your signature indicates you agree to follow these steps and understand that failure to do so may impact the successful implementation of your accommodations.

Student Name (Print): _____ ID #: _____

Student Signature: _____ Date: _____

DSS Counselor Signature: _____ Date: _____