



**Office of Student Success**  
2540 Walnut Hill Lane Suite E200  
Dallas, TX 75229  
972-438-6932 X 7153

### **Disability Accommodations Plan for Clinical Assessments**

**Student:** \_\_\_\_\_

**Approved Accommodations:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

#### **Description of what is required during the exam or assignment:**

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#### **Plan of Action for Providing Accommodations:**

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Upon signing this form all parties agree that this plan will provide reasonable accommodation for the assignment/exam being referenced. If at any time the student feels that these accommodations are not sufficient they agree to contact the Coordinator of Inclusion & Accessibility as soon as possible to discuss revisions to the plan.

**Student:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Coordinator of Inclusion & Accessibility:** \_\_\_\_\_