

Consideration for Absences/Late to Class Agreement

NOTE: Please return the completed form to OARS at oars@highpoint.edu, or directly to the Accessibility Specialist.

Course Name: _____

Course Number: _____

Faculty Name: _____

1. Do you have concerns about this accommodation fundamentally altering the course outcomes? *

- ☐ Yes (Specify Below)
- ☐ No

Additional Note or Comment

2. What are the expectations of how the student will inform the instructor of absences/late to class situations due to their disability? *

3. Are there specific days or events of the class that cannot be missed or made up due to the course's fundamental outcomes? *

- ☐ Yes (Specify Below)
- ☐ No

Additional Note or Comment

4. If the student needs to miss class due to their disability, can they join remotely for that class period? *

- ☐ Yes
- ☐ No

Additional Note or Comment

5. How will students access missed class information if they are unable to attend due to their disability? *
6. What is expected of the student before returning to class? *
7. What is the makeup plan if the student misses an assignment due to their disability? *
8. What is the makeup plan if the student misses a test or quiz due to their disability? *
9. What is the makeup plan if the student misses a lab due to their disability? *
10. What is the makeup plan if the student misses a presentation due to their disability? *
11. How soon after an absence must a student submit makeup work? *
12. The instructor reserves the right to fail any student that has not attended class enough to fulfil the fundamental course outcomes. After how many absences should a student meet with the instructor to ensure course outcomes are not fundamentally altered? *
13. Please list any additional information that should be included in the absence/makeup plan agreement. *