MACALESTER
CENTER FOR DISABILITY RESOURCES

Limited Flexibility with Absences Agreement

Student:_____

Faculty: _____

Term/Course/Section:_____
____

The following questions are provided to help guide the conversation between instructor and student in determining how to implement a flexible attendance accommodation and figure out what is reasonable if/when a student misses class related to their disability. The Center for Disability Resources is available to meet with both the student and faculty together to assist in the process. Please contact Disability Resources (disabilityresources@macalester.edu) if you have any questions or need any help on how to navigate this accommodation.

1. **If in-class participation is essential to the course, please state the number of classes that can reasonably be missed or the number of absences permitted. Be as specific as possible**. (Do not necessarily restate the number of absences allowed for all students in the course.)

2. **How and when should the student notify the instructor of a disability-related absence?** (Depending on the nature of the student's disability, it is reasonable for the student to notify the instructor of a disability-related absence either before or after the missed class.)

3. **What is the process for turning in homework assignments/projects due the day of a disability-related absence?**

4. **What is the procedure for making up a missed quiz, examination, or in-class graded assignment given on the day of a disability-related absence?**

By signing this agreement, the student and instructor agree to the course specific parameters listed above. This agreement is valid only when both the student and the instructor have completed this form in agreement, and only for absences that are disability-related.

If there is concern that the student is close to exceeding the parameters of this agreement, both parties will inform the Center for Disability Resources. Please ensure each person also retains a copy for future reference.

Please email the completed form to the Center for Disability Resources (disabilityresources@macalester.edu).

Student Name:_____   **Signature**: _____

Date:_____

Instructor Name:_____   **Signature:** _____

Date:_____