

Acknowledgment of Declined Accessibility Services

Learner's Name: _____

Date: _____

Department/Program: _____

Program Director: _____

Section 1: Understanding of Accessibility Services

I, _____, acknowledge that I have been informed of the accessibility services available to me, which include, but are not limited to:

- Academic accommodations (e.g., extended test time, note-taking assistance)
- Clinical accommodations (e.g., assistive technology, modified workstations)
- Medical accommodations (e.g., mobility assistance, specialized equipment)

I understand that these services are designed to support my needs and promote my success.
