

### Services for Students with Disabilities Faculty Notification Form

Term/Year: \_\_\_\_\_ Date: \_\_\_\_\_ Initial  Revised

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Course(s): \_\_\_\_\_

\_\_\_\_\_  
The above named student has provided documentation verifying the following disability (ies):  
\_\_\_\_\_

\_\_\_\_\_  
In accordance with the Americans with Disabilities Act of 1990, as amended (ADAAA), and the Rehabilitation Act of 1973, Section 504, the following "reasonable accommodations" have been approved for instructional activities:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Additional information about this student:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty and SSD staff are responsible for the implementation of accommodations that are within their respective control for a student with a disability as designated in this Faculty Notification Letter. Faculty must communicate with the SSD Office, rather than the student with a disability, regarding any questions or concerns about accommodations. Please feel free to contact me in Building 410, Room 210, or at extension 6131. Thank you for your cooperation

**Note: Please retain this form for your records.**



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