

LOS ANGELES COMMUNITY COLLEGE DISTRICT

FORM E-100D: STUDENT REQUEST FOR PERSONAL ATTENDANT (PA) and AGREEMENT

Section 1: Student to Complete

Name:

LACCD ID #:

Today's Date:

Phone Number:

E-mail:

College: ELAC ☐ LACC ☐ LAHC ☐ LAMC ☐ LASC ☐ LAVC ☐ LATTC ☐ Pierce ☐ WLAC ☐

Semester Fall ☐ Winter ☐ Spring ☐ Summer ☐ Year: _____

I (student) am requesting a PA to assist me in the following course(s):

Professor(s):

Course Title(s):

Day/Time:

Please attach a copy of your current class schedule.

Section 2: Personal Attendant to Complete

Name:

Phone Number:

E-mail:

Employer/Agency Name:

Employer/Agency Address:

Employer/Agency Phone Number:

Name of Supervisor:

A PA agrees to:

1. The services and functions the PA may provide will be based on an individualized determination made through an interactive process between the DSPS Office and the student; such services and functions will not be prohibited unless they constitute a fundamental alteration of the course or program or result in an undue burden on the college.
2. Abide by all College policies and regulations, including those related to student conduct, classroom visitors, and personal attendants.
3. Accompany the student only in the class(es) and perform only the duties for which DSPS has given approval.
4. Refrain from interfering with DSPS other approved accommodations for the student (e.g., scribes, notetakers, test proctors, sign language interpreters).
5. Direct any questions or concerns about the role of a PA to DSPS professional staff.
6. Acknowledge that approval, if granted, only applies to the PA listed on this form. In the case of the need for a substitute, permission must be obtained from DSPS.

I understand and agree to the expectations and requirements as outlined above. I am aware that educational accommodations (e.g., scribes, note-taking, sign language interpreters, etc.) are the responsibility of the College to provide and arrange if deemed appropriate by DSPS professional staff. Furthermore, I understand that the class professor is the sole authority of the class, and I am not to provide any type of assistance to the student that is not set forth in the student's (approved accommodations sheet).. I understand that failure to abide by College policies, regulations, and the terms of this agreement may result in my removal from the classroom and the campus.

I acknowledge that any agreement made between the PA and student is independent of, and not affiliated with LACCD programs. Nothing in this Agreement should be construed to create a partnership, joint venture, or employment relationship between the PA and the Los Angeles Community College District. I agree to defend, indemnify, and hold harmless the Los Angeles Community College District, its Board of Trustees, officers, agents, employees, and volunteers from all losses, costs, and expenses arising out of any liability or claim of liability for personal injury, bodily injury to persons or death, contractual liability and damage to property sustained or claimed to have been sustained arising out of any agreement between the student and the PA.

I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the Los Angeles Community College District does not provide any type of insurance including liability, property or medical coverage in connection with this program and/or in relation to any agreements made between the student and the PA.

STOP: To be completed during appointment with DSPS personnel.

Signature of Student

Signature of PA

Printed name of Student

Printed name of PA

Date

Date

For ADA/504 or DSPS Office use only-*Personal Attendant Authorization*

Verification requirements met:

- ☐ The individual requesting this service is currently registered with DSP&S or has met with the ADA/504 Coordinator

Date: _____ Initials: _____

Evidence of how the limitations relate to the need for a Personal Attendant as a reasonable accommodation in a college setting

Date: _____ Initials: _____

The following ADA/504 Coordinator or DSPS Specialist is authorizing the request for a PA.

Signature

Printed Name

Title

Date



PERSONAL ATTENDANT (PA) ACCOMMODATION AGREEMENT

A PA agrees to:

1. The services and functions the PA may provide will be based on an individualized determination made through an interactive process between the DSPS Office and the student; such services and functions will not be prohibited unless they constitute a fundamental alteration of the course or program or result in an undue burden on the college.
2. Abide by all College policies and regulations, including those related to student conduct, classroom visitors, and personal attendants.
3. Accompany the student only in the class(es) and perform only the duties for which DSPS has given approval.
4. Refrain from interfering with DSPS other approved accommodations for the student (e.g., scribes, notetakers, test proctors, sign language interpreters).
5. Direct any questions or concerns about the role of a PA to DSPS professional staff.
6. Acknowledge that approval, if granted, only applies to the PA listed on this form. In the case of the need for a substitute, permission must be obtained from DSPS.

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Signature of Student

Signature of PA

Signature of DSPS Counselor

Printed name of Student

Printed name of PA

Printed name of Counselor

Date

Date

Date