Field Placement Accommodations Agreement

(To be completed with student, DAS & Field Placement Coordinator)

	Last Name	First Name	Student ID Numbe	r	
Term/Year: _		Dates of	Dates of Field Placement:		
Field Placeme	ent Site:				
Field Placeme	ent Location:				
	Street		City	State	
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OSU Field Site Personnel First Name Last Name Phone Number Email Address Accommodations details

Accommodations and/or Auxiliary Aids	Alternatives (Identify options to meeting the request)	Party responsible for arranging the accommodation	Party responsible for paying for the accommodation?

If the accommodation and/or auxiliary aid is ongoing in nature (i.e., sign language interpreters, transcribers):

- 1. Identify the party responsible for scheduling the auxiliary aids:
- 2. Identify the party responsible for determining the policies for changes and rescheduling on-going auxiliary aids, deadlines for notice of schedule changes from the student, etc.:

Examples for accommodation details

Accommodations and/or Auxiliary Aids	Alternatives (Identify options to meeting the request	Party responsible for arranging the accommodation	Party responsible for paying for the accommodation?
Accessible transportation		Student	Student
Ergonomic chair	DAS provides, Student provides, Placement site provides	Placement site	DAS/ Field placement site
Transcribers		DAS/Field placement site	DAS/Field placement site