

UC SANTA BARBARA

Disabled Students Program

2120 Student Resource Building, University of California

Santa Barbara CA 93106-3070

<http://dsp.sa.ucsb.edu>

Student Supplemental Form for Remote Instruction + Access as an Accommodation

Name: _____

Perm #: _____

Quarter: _____

NOTE: Please include a description of how your disability creates a significant barrier to your full and meaningful participation in an on-campus experience.

For students with CDC-recognized COVID-high-risk conditions (e.g. diabetes):

The description should include a holistic assessment of your health risks for being on campus, considering: your unique medical profile, the latest information on vaccine efficacy, and the university's safety practices.

For students without high-risk conditions (e.g. mental health conditions):

The description should include an explanation of how your disability will disproportionately affect you compared to your peers such that remote participation is the only viable option for you. This impact must go beyond the typical stress or nervousness that most people are expected to feel in readjusting to an in-person experience.

1. Please describe the specific impacts of your disability.
2. Please describe how the above-mentioned impacts prevent you from being physically present in classes.

3. Please indicate why flexibility with attendance via increased absences or other accommodation (reduced deficit load, leave of absence) would not meet or provide you with access to your education.

4. What accommodations, if any, did you previously receive to address in-person attendance (you may consider formal or informal arrangements at all grade levels)

5. What other factors should the Committee consider that pertain to your situation?