



LOS ANGELES COMMUNITY COLLEGES

PeopleSoft Portal and Student Information System

DSPS Accommodations Letter
for Faculty

LOSANGELES COMMUNITY COLLEGES

DSPS Accommodations Letter for Faculty

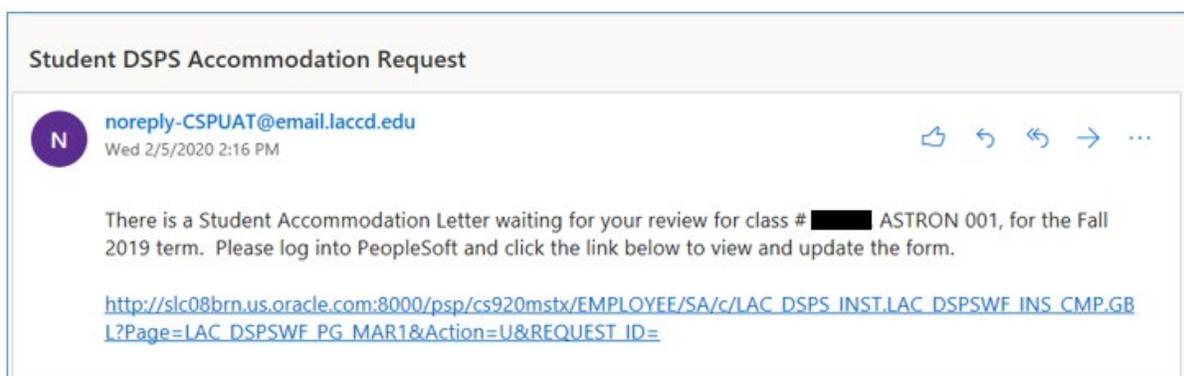
© Los Angeles Community College District
770 Wilshire Blvd
Los Angeles, CA 90017
February 7, 2020

PeopleSoft DSPS Accommodation Letter for Faculty

The PeopleSoft DSPS Accommodation Letter provides the DSPS office a way to select accommodations for a student taking classes at the college each semester. Once the letter is initiated it is automatically sent to the faculty roster for the instructor(s) to review and acknowledge the accommodations. An email with an embedded link to the letter is also sent to the instructor.

Instructor Review and Acknowledgement of the DSPS Accommodation Letter

Only faculty who have a student enrolled in a class with a DSPS Accommodation Letter will be able to review and acknowledge the letter. If there is more than one instructor teaching the class, all instructors assigned to the class need to review and acknowledge the letter within one week of receiving the email.



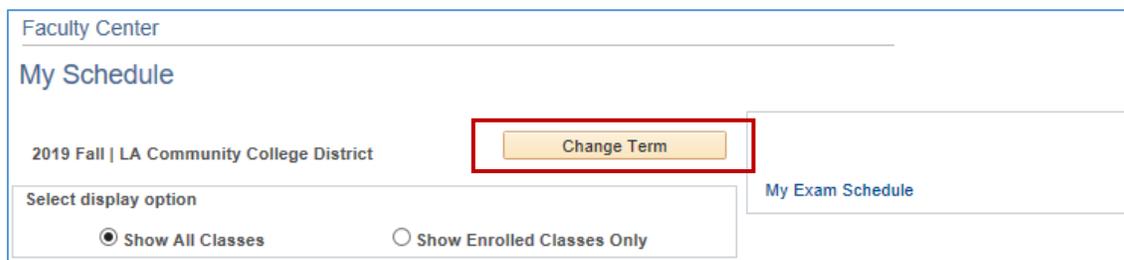
To access the letter from the email, log into PeopleSoft and click the link in the email. The letter should automatically display. Skip to task #6 below.

To navigate to the letter through the PeopleSoft portal:

1. Log into PeopleSoft



2. Click on the **Faculty Center** tile to access the class rosters



3. Click on the **Change Term** button and select the term for when the accommodations letter applies (term will be included in the email)

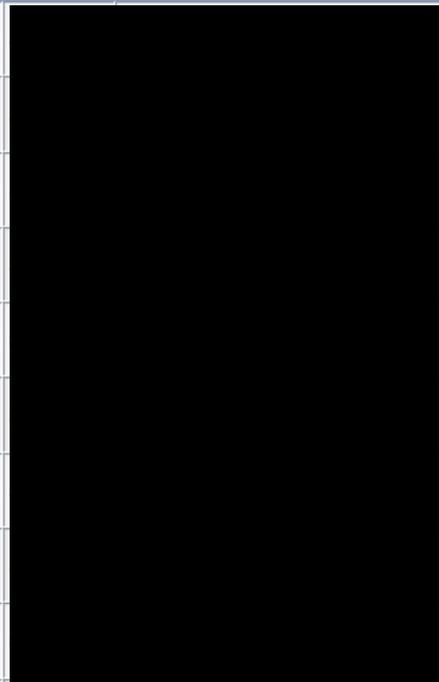
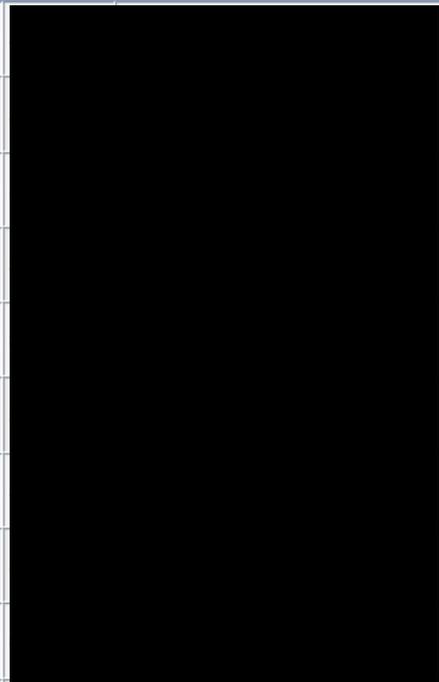
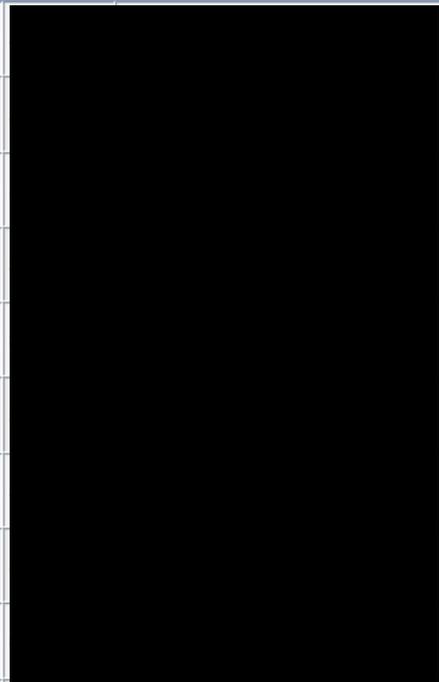
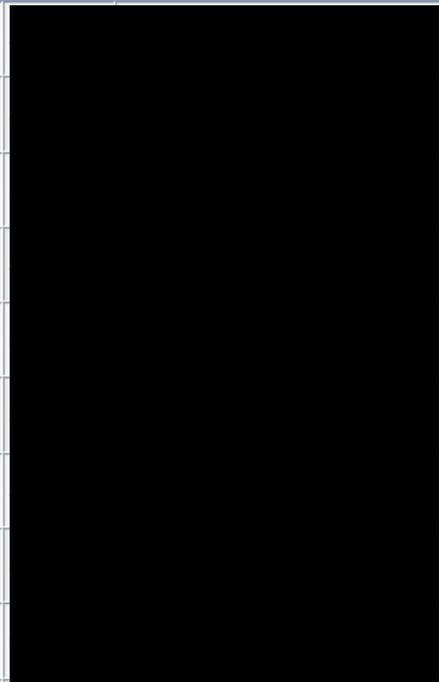
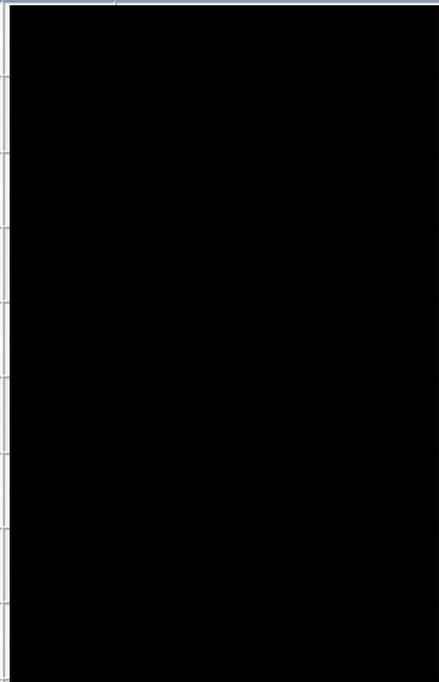
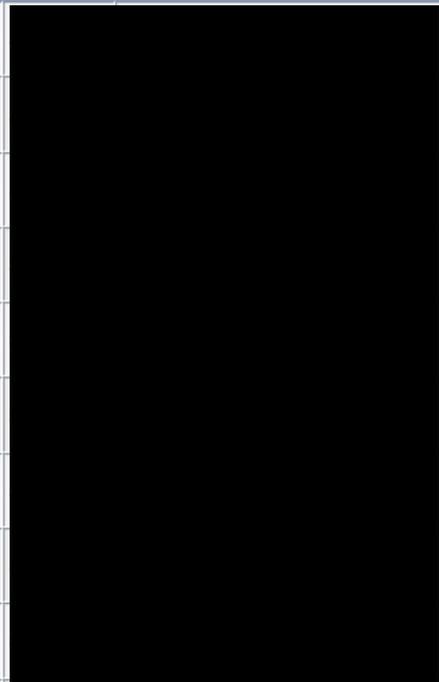
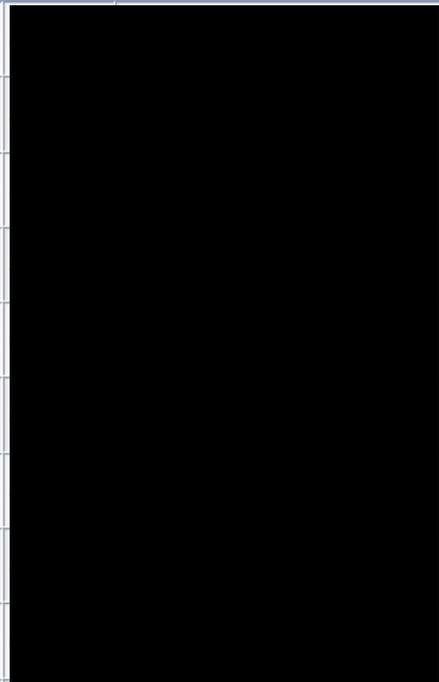
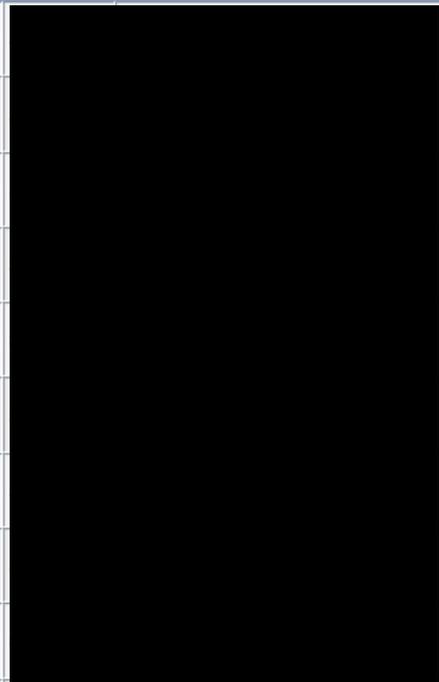
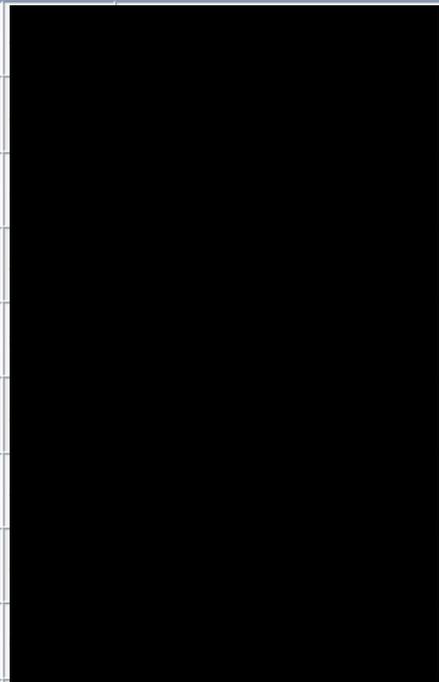
Class	Class Title	Enrolled	Days & Times	Room	Class Dates	Early Alert Roster	Positive Attendance Roster
ENGLISH 101- 	College Rdg&Comp I (Lecture)	23	MoWe 8:00AM - 9:25AM			Early Alert Roster	Positive Attendance Roster

4. Click on the  roster button next to the class section the student is taking (class number will be included in the email)

*Enrollment Status

Enrollment Capacity 600 Enrolled 447

Select display option
 Link to Photos Include photos in list

Enrolled Students											
Find   First 1-447 of 447 Last											
	Notify	Photo	ID	Name	Grade Basis	Units	Program and Plan	Level	Request Test Proctoring	Accommodation	
1	<input type="checkbox"/>				Non-Graded	0.00	Credit - Business Administration	Sophomore	Request Test Proctoring		
2	<input type="checkbox"/>				Non-Graded	0.00	Credit - Electronics and Electric Techn	Sophomore	Request Test Proctoring	Accommodation	
3	<input type="checkbox"/>				Non-Graded	0.00	Credit - Administration of Justice	Sophomore	Request Test Proctoring		
4	<input type="checkbox"/>				Non-Graded	0.00	Credit - Undecided	Freshman	Request Test Proctoring		
5	<input type="checkbox"/>				Non-Graded	0.00	Credit - Nursing	Sophomore	Request Test Proctoring		
6	<input type="checkbox"/>				Non-Graded	0.00	Credit - Nursing	Sophomore	Request Test Proctoring	Accommodation	
7	<input type="checkbox"/>				Non-Graded	0.00	Credit - Social and Behavioral Sciences	Sophomore	Request Test Proctoring		
8	<input type="checkbox"/>				Non-Graded	0.00	Credit - Kinesiology	Freshman	Request Test Proctoring		
9	<input type="checkbox"/>				Non-Graded	0.00	Credit - Business Administration	Sophomore	Request Test Proctoring		

5. Click on the **Accommodation** link under the Accommodation column. If there is more than one Accommodations Letter, click and review each one. If there are no Accommodations for this class, the Accommodation column will not display.

DSPS Accommodation Form

Student Name: [REDACTED] Student ID: [REDACTED] Initiated by: [REDACTED] Last Updated by: [REDACTED]

Class Nbr: [REDACTED] Term: 2198 Campus: LAHC Request Date: 02/04/2020 8:53AM Request ID 000000013

Subject: MATH Course No.: 240 Trigonometry

In compliance with Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act of 1990, the student named above has documentation with the Disabilities Services Office that verifies a disability requiring learning or testing accommodations in order to ensure equal opportunity for access to the curriculum and to demonstrate content mastery in your class. Based on this student's profile and disability documentation, accommodations considered reasonable and appropriate, are noted below.

Classroom Accommodations	Alternative Testing Accommodations
<input checked="" type="checkbox"/> Tape record lectures per CA Ed Code 78907 <input checked="" type="checkbox"/> Spellchecker or word processor <input checked="" type="checkbox"/> Calculator: TI-84 <input type="checkbox"/> Preferential seating: <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Note-taking assistance <input type="checkbox"/> Assistive equipment: <input type="checkbox"/> Closed caption videos/dvds <input type="checkbox"/> Alternative text form: <input type="checkbox"/> Recorded texts (supplied by Disabilities Services Office) <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>	Instructor: Please indicate additional parameters in Section B** <input type="checkbox"/> Test/exam/quiz duration: <input type="checkbox"/> Distraction-reduced environment <input checked="" type="checkbox"/> Breaks during testing: 10 MINUTES <input type="checkbox"/> Exam/reader (when proctored by Disabilities Services Office) <input type="checkbox"/> Scribe for written exams (proctor by Disabilities Serv Off) <input type="checkbox"/> Alternate format (supplied by Disabilities Services Office) <input type="checkbox"/> Spellchecker or word processor <input type="checkbox"/> Calculator: <input checked="" type="checkbox"/> Other: <input type="text" value="ACCOMMODATION THROUGH MAR 31"/> <input type="checkbox"/> Other: <input type="text"/>

Attachments Personalize | Find | View All | First 1 of 1 Last

Attached File
1 DSPS_Accommodations_Letter_PeopleSoft_Job_Aid_v02062020.docx

Dialogue between the student and the instructor is essential in meeting the curriculum requirements and establishing an understanding of how to best implement these accommodations. It is hoped that this notification will facilitate interaction and assist the student to introduce this topic to you, the instructor. Disabilities Services Office personnel are available to help you with arrangements for classroom or testing accommodations if you require assistance or other resources.

* Electronic recordings of this class, authorized by Disabilities Services Office per CA Ed. Code 78907, are for the private use of this student only. They are for the sole purpose of providing access to lecture material and may not be used for any other purpose.

Update

- Review the DSPS Accommodation form. Check for all Classroom and Alternative Testing Accommodations. Selections in this portion of the form will be greyed-out and can only be selected by the DSPS department.

Section B - To be filled out by the instructor Find | View All First 1 of 1 Last

Instructor [REDACTED] Instructor ID: [REDACTED] 000000029

Please meet with the student prior to selecting either option I, II or III.

I.

I am requesting that Disabilities Services Office provide the required accommodations within the following parameters being used by all students taking this test.
*I also understand that the parameters stated below will be in effect for the entire semester unless I notify Disabilities Services Office in writing of any changes for subsequent tests.

If you have questions or concerns with the approved academic adjustments to support the student's disability, contact the Disabilities Office directly. Please DO NOT MODIFY OR NEGOTIATE the approved accommodations with the student.

Open book Notes Allowed Dictionary/Spell Checker Calculator - Describe: [REDACTED]

Other - Describe: [REDACTED]

The amount of class time allowed for the exam(s) : [REDACTED] Exam must take place on or by (date): [REDACTED]

Exam Delivery Preference Exam Return Preference

I will deliver test I will pick up test

I will send test to SIS Portal Scan & email to me at: [REDACTED]

Other: [REDACTED] Other: [REDACTED]

Comments [REDACTED]

II.

I will provide the required accommodations for this student and I certify that the accommodations will be provided as outlined above.

III.

I acknowledge receipt of this accommodation form, however I have concerns over the nature of the listed accommodations and will contact the Disability Services Office within one business day to discuss the matter.

7. Review **Section B** and make the appropriate selection for the accommodation request. You may only make one selection in either option I, II, or III. Please meet with the student before making your selection.
8. Click the button after the selections have been made

Once the instructor(s) has completed the process the workflow is complete and the letter is finalized. A final email will be sent to the student with a link to the finalized accommodation letter.

Section B - To be filled out by the instructor Find | View All First 1 of 4 Last

Instructor [REDACTED] Instructor ID: [REDACTED] 000000025

Please meet with the student prior to selecting either option I, II or III.

I.

I am requesting that Disabilities Services Office provide the required accommodations within the following parameters being used by all students taking this test.
*I also understand that the parameters stated below will be in effect for the entire semester unless I notify Disabilities Services Office in writing of any changes for subsequent tests.

Note: If the course has multiple instructors, scroll through the various pages using the  and  buttons on the top right-hand corner until the instructor finds the correct page with their name. All assigned instructors must review and acknowledge the request.