REQUEST FOR RECONSIDERATION
of a Disability-Related Accommodation
University of Hawai‘i at Hilo

BACKGROUND
The Disability Services Coordinator (or designee) at UH Hilo has the authority to determine appropriate and reasonable accommodations for students with disabilities. The Coordinator informs a faculty member in writing of the accommodations that are required for a particular student in his/her class(es) each semester.

It is the faculty member’s responsibility to provide the accommodations determined by the Coordinator. If the faculty member considers the accommodation inappropriate, he/she should first consult with the Coordinator. After consulting with the Coordinator, the faculty member has the right to submit a request for reconsideration if he/she still considers the accommodation inappropriate.

If an appeal is submitted, the faculty member must provide the accommodations during the time period that the appeal is being processed. A decision not to appeal an accommodation shall be taken as an agreement to provide it.

RECONSIDERATION PROCEDURE

Step 1  The faculty member completed the “Request for Reconsideration” form (attached). It shall include information about the specific accommodation that is being contested; the reason(s) the accommodation should not be provided; suggestions for alternative accommodations (if any); and a summary of any attempts made to resolve the issue (including with whom and on what date). A request shall be filed within fifteen (15) working days following the informal attempt to resolve the issue. The request is submitted to Dean/Director of the instructor’s college.

Step 2  The College Dean/Director shall review the request. In reviewing the request, he/she must consult with the Disability Services Coordinator. He/she shall render a decision in writing to the faculty member within fifteen (15) working days following receipt of the request.

Step 3  If the faculty member does not agree with the decision of the College Dean/Director, he/she may forward the Request for Reconsideration to the Vice Chancellor for Academic Affairs for review. If the Vice Chancellor for Academic Affairs reviews the request, he/she must also consult with the Disability Services Coordinator. He/she shall render a decision in writing to the faculty member within fifteen (15) days following receipt of the request.

The decision of the College Dean/Director (or the Vice Chancellor for Academic Affairs, if the request is reviewed by him/her) shall be final and binding upon all parties.
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Name of faculty member ________________________________________________________
Department/College ____________________________________________________________

Describe the accommodation(s) that you are requesting be reconsidered. Include the name of the student and the course for which the accommodation(s) was requested. (Attach additional sheets if necessary.)
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Describe the reason(s) you believe the accommodation(s) should not be provided. Also describe any alternative accommodation(s) you believe would be reasonable and appropriate with regard to this particular student in this course. (Attach additional sheets if necessary.)
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Summarize any attempts you have made to resolve this issue informally, including with whom and on what date. (Attach additional sheets if necessary.)
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____________________________________________
Signature

_____________________
Date

Please submit this form to the Dean/Director of your college.
Name of faculty member __________________________________________

Appeal Approved _____________  Denied _______________  Other ______________

Rationale:
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Signature

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Date

Dean/Director of College

APPENDIX E