

PERSONAL CARE ATTENDANT AGREEMENT

Credit

Non-credit

\_\_\_\_\_  
Semester

\_\_\_\_\_  
Year

Other \_\_\_\_\_

Student's Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Name of Personal Care Attendant \_\_\_\_\_

Telephone Number of Personal Attendant \_\_\_\_\_

In accordance with the Americans with Disabilities Act (1990)/Amendments Act (2008), personal care attendants may be used to address the personal needs of a student with a documented disability so that he/she can participate in the college's activities, services and programs. Personal needs may include transportation to/from the classroom, administering medication, assistance with toileting, dressing, and feeding needs. The duties of the personal care attendant do NOT include taking classroom notes, proctoring exams, scribing for in-class writing, monitoring, modifying or correcting the student's behavior.

It is NOT the responsibility of the college to provide services to meet the personal needs of the student, even on a temporary basis. Students must hire and secure funding for his/her own personal care attendant. In order for the student to have the same independent experience as other MCCC students, it is in the student's best interest to have an impartial attendant who is not a family member or close friend.

The college will allow personal care attendants entrance into the classroom, ONLY when the student has provided adequate documentation that demonstrates the need for a personal care attendant and continues to remain registered with the Disability Services Office. An agreement must be signed each semester for each person acting in this capacity.

I have read and understand the responsibilities regarding a personal care attendant and will comply with these conditions. Failure to comply may result in the personal care attendant's exclusion from the classroom.

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Personal Care Attendant Signature/Date

\_\_\_\_\_  
Personal Care Attendant Signature/Date

\_\_\_\_\_  
Personal Care Attendant Signature/Date

I have provided the student and the personal care attendant(s) with a copy of "Responsibilities When Using a Personal Care Attendant at Monroe County Community College."

MCCC Disability Counselor \_\_\_\_\_ Date \_\_\_\_\_