



## **PERSONAL CARE ATTENDANT AGREEMENT AND GUIDELINES**

The Alamo Colleges District and its Colleges make every reasonable effort to accommodate individuals with disabilities as required by the Americans With Disabilities Act and Section 504 of the Rehabilitation Act. It is recognized that a qualified student with a disability may require a Personal Care Attendant (PCA) to assist the student so that the student can benefit and participate in the Colleges' activities, services, and programs as all other students.

A PCA is a person who provides a student with a disability personal care or assistance, health care needs, and/or nursing services not administered by the College District to assist the student with activities of daily living. A qualified student with a disability who requires personal care attendant services must arrange for such services. The College District and Colleges do not assume coordination, financial assistance, or responsibility for personal care attendant services or legal liability for the PCA selected and hired.

### **Student Responsibilities for Personal Care Attendant (PCA)**

It is the responsibility of a student who requires a Personal Care Attendant to:

- Register with Student Accessibility Services (SAS) at the college of attendance to request any academic accommodations needed by the student for a semester/term.
- Secure a PCA prior to attending any college-related activity, such as class attendance, orientation, placement or other testing, and registration. Neither the College District nor a College will be responsible for providing a PCA on an interim basis.
- Complete and Sign the Personal Care Attendant Agreement each semester/term and send to the SAS office with PCA's signature.
- Ensure that each PCA registers with SAS and sign a Personal Care Agreement form at least ten (10) days prior to the start of the semester/term.
- Ensure that if there is a change in PCA personnel during the semester, the student and the new PCA register with SAS and sign a new Personal Care Attendant form.
- Direct the activities of the PCA while at the student's college.
- Have a back-up or alternative plan of action should the regular PCA not be available to work with the student on a particular day or in a particular class.
- Comply with the College District's policies and procedures and abide by the Student Code of Conduct and academic integrity procedures.
- Take responsibility for his/her own success as required under Board student policies.

## Expectations of a Personal Care Attendant

The PCA is expected to:

- Complete and sign the Personal Care Agreement each semester/term and adhere to the requirements in the Agreement.
- Adhere to the College District's Student Code of Conduct and all other policies, procedures, rules and regulations.
- Conduct himself/herself in a courteous and professional manner while on campus.
- Refrain from working on or completing any of the student's academic/classroom assignments.
- Allow the student to take responsibility for his/her own progress, success and behavior.
- Refrain from contact with or asking questions of faculty, staff, or others on behalf of the student.
- Not discuss any confidential information about the student with faculty, staff, or other students.
- Refrain from intervening in conversations between the student and faculty, staff, or other students, unless the student requests the PCA's assistance and the student is incapable of communicating with the individual or a classroom assistant or appropriate communication aid is not immediately available to the student.

If a PCA fails to abide as stated above, the College District may determine that the PCA will not be allowed to accompany the student to the classroom or campus. Board Procedure F.6.2.1 on Personal Care attendant is incorporated in this exhibit by reference.

**AGREEMENT:** I understand and agree to the guidelines, responsibilities, and expectations stated above.

**Student Name:** \_\_\_\_\_ **Banner ID:** \_\_\_\_\_  
PRINT

**College:** \_\_\_\_\_ **Semester/Term:** \_\_\_\_\_

**Personal Care Attendant Name:** \_\_\_\_\_  
PRINT

**Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Photo Identification No.:** \_\_\_\_\_  
Driver's license or US Passport number

### Signatures:

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Personal Care Attendant Date

\_\_\_\_\_  
Student Accessibility Services (SAS) Representative Date