



State Center Community College District
 Disabled Students Programs & Services (DSP&S)

Student Educational Contract

Campus: FCC RC Madera Center Oakhurst Campus Willow International Center

Name: _____ ID: _____ Academic Year: _____

Catalog Year: _____ Major: _____ Placement Test: W ___ R ___ M ___

Goal(s): Transfer: _____ AA/AS: _____ Certificate: _____
 Special Program: _____ Basic Skills Vocational

RECOMMENDED COURSES

Summer	Units	Grade	Fall	Units	Grade	Spring	Units	Grade
<input type="checkbox"/> See Printed Schedule	Total Units: _____		<input type="checkbox"/> See Printed Schedule	Total Units: _____		<input type="checkbox"/> See Printed Schedule	Total Units: _____	

PROGRESS MEASURED BY: College Progress Policy (refer to Probation & Dismissal Regulations) Special Course Obj.

EDUCATIONAL LIMITATIONS All educational limitations are directly associated to the student's verified disability. The student's verified disability results in difficulty for the student to:

- | | | |
|---|--|--|
| <input type="checkbox"/> Manage disability issues | <input type="checkbox"/> Complete coursework traditionally | <input type="checkbox"/> Produce written/oral material |
| <input type="checkbox"/> Traverse campus in a timely manner | <input type="checkbox"/> See/Process visual material | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Take tests in a traditional manner | <input type="checkbox"/> Hear/Process oral instructions | |

AUTHORIZED ACCOMMODATIONS Authorized accommodations are documented on the SCCCD Notification of Authorized Services form. All authorized accommodations are based on a verification of disability.

<p>Testing Services</p> <input type="checkbox"/> test proctoring <input type="checkbox"/> outside of classroom <input type="checkbox"/> room w/ reduced distraction <input type="checkbox"/> extended testing time <input type="checkbox"/> 1.5x <input type="checkbox"/> 2x <input type="checkbox"/> other: _____ <input type="checkbox"/> writer for test <input type="checkbox"/> scan and read <input type="checkbox"/> other: _____ <p>Alternate Format</p> <input type="checkbox"/> E-Text <input type="checkbox"/> enlarged print: font size: _____ <input type="checkbox"/> Braille <input type="checkbox"/> other: _____	<p>Assistive Technology</p> <input type="checkbox"/> CCTV <input type="checkbox"/> tape recorder <input type="checkbox"/> spell checker <input type="checkbox"/> adaptive equipment <input type="checkbox"/> accessible computer station <input type="checkbox"/> adaptive software <input type="checkbox"/> 4-function calculator <input type="checkbox"/> other: _____ <p>General Accommodations</p> <input type="checkbox"/> Referral to LD Assessment <input type="checkbox"/> note taker <input type="checkbox"/> interpreter <input type="checkbox"/> table/chair <input type="checkbox"/> proximity to door <input type="checkbox"/> other: _____ <input type="checkbox"/> other: _____	<p>Mobility Assistance</p> <input type="checkbox"/> tram services <input type="checkbox"/> permanent <input type="checkbox"/> temporary: _____ <input type="checkbox"/> handicapped parking permit <input type="checkbox"/> permanent <input type="checkbox"/> temporary: _____ <p>Counseling</p> <input type="checkbox"/> specialized advising/SEP <input type="checkbox"/> priority registration <input type="checkbox"/> vocational counseling <input type="checkbox"/> referral to support services <input type="checkbox"/> personal/disability counseling <p>Specialized Instruction/Classes:</p> <input type="checkbox"/> Developmental Services <input type="checkbox"/> Adaptive P.E.
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Student Signature _____ Date _____ DSP&S Professional Staff Signature _____ Date _____

PROGRESS REVIEW DSP&S Initial: _____ Date: _____

Annual progress is determined to be: Satisfactory Making Progress towards satisfactory Unsatisfactory