SOLANO COMMUNITY COLLEGE • DISABILITY SERVICES PROGRAM (DSP)
Student Education Contract (SEC) and Educational Accommodations
This Contract Expires: _____

Name: _____ **SCCID:** _____ **Date:** _____
    Last, First, MI

Major: _____

Long Term Instructional or Educational Goals:

❏ Transfer   ❏ AS/AA Degree   ❏ Certificate

❏ Basic Skills   ❏ Personal/Social Development   ❏ Job Skills

Activities and/or Accommodations needed to meet Instructional or Educational Goals:

Educational Activity (❏ Educ. Limitation)	Authorized Accommodation/Service	
Enrolling in classes ❏ Travel time between classes ❏ Time between classes for information processing ❏ Plan schedule of classes	❏ Priority registration ❏ Specialist appointment ❏ Develop sched./ed. plan	❏ Tram ❏ Cart ❏ _____
Taking notes and completing assignments in class ❏ Produce class notes ❏ Produce written assignments ❏ See or process visually presented materials ❏ Hear or process class lecture ❏ Use oral communication ❏ Sit for long periods of time	❏ Note taker ❏ Tape recorder ❏ Preferential seating ❏ Sign language interpreter ❏ Real-time captioning ❏ Adapted furniture ❏ Calculator	❏ Use of spell check ❏ Scribe ❏ Adapted technology ❏ Breaks ❏ FM system ❏ Separate Desk/Chair ❏ _____
Reading Print (Alternate media) ❏ See or process printed materials	❏ Texts on tape (RFB&D) ❏ Enlarged print to _____ ❏ CCTV/magnifier ❏ _____	❏ Brailled text ❏ E-text ❏ Assistive technology
Taking Tests ❏ See or process printed materials ❏ Comprehend printed materials ❏ Process information slowly ❏ Distractible ❏ Cannot sit for long periods of time	❏ Extended time on tests: 1 ½ or 2 time (circle one) ❏ Distraction reduced setting ❏ Reader or Taped Test ❏ Spell check ❏ Enlarged print to _____ ❏ _____	 ❏ Adaptive Computer ❏ Scribe ❏ Calculator ❏ Breaks ❏ Brailled Text
Other Education Activity and Limitation	**Other Accommodation/Service**	

Rev. 03/05/07

I the undersigned understand that the accommodations approved above are reasonable for certain classes or educational settings at this college. If an agreement between a faculty member, DSP professional and myself cannot be reached, I understand that I may file an appeal through the formal college grievance process.

I further give the permission for DSP and Learning Disability (LD) staff to discuss my education with other professionals who have a legitimate educational need to know.

Academic Year _____ - _____	
Progress Measured By:	**Refer To:**

❏ College Progress Policy for
    Credit
    Credit-Special Class
    Non-Credit-Special Class
 	
 ❏ Educational Contract for
    Non-Credit-Special Class
	❏ College Transcripts in File
	             or
	 ❏ Educational Contract Below:
	    Activities needed to determine progress:
	 _____
	 _____
	 _____
	 _____

Term _____ **Term** _____ **Term** _____	❏ Satisfactory ❏ Unsatisfactory DSP sign/date _____ ❏ Satisfactory ❏ Unsatisfactory DSP sign/date _____ ❏ Satisfactory ❏ Unsatisfactory DSP sign/date _____

_____   _____

Student Signature and Date   **DSP/LD Staff Signature and Date**

FOR OFFICE USE ONLY	
Entered into Reflections (sign and date):	
Entered into DSP database (sign and date):	
Scanned (sign and date):	