

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 (<input type="checkbox"/> Educ. Limitation)	Authorized Accommodation/Service
Enrolling in classes <ul style="list-style-type: none"> <input type="checkbox"/> Travel time between classes <input type="checkbox"/> Time between classes for information processing <input type="checkbox"/> Plan schedule of classes 	<ul style="list-style-type: none"> <input type="checkbox"/> Priority registration <input type="checkbox"/> Specialist appointment <input type="checkbox"/> Develop sched./ed. plan <input type="checkbox"/> Tram <input type="checkbox"/> Cart <input type="checkbox"/> _____
Taking notes and completing assignments in class <ul style="list-style-type: none"> <input type="checkbox"/> Produce class notes <input type="checkbox"/> Produce written assignments <input type="checkbox"/> See or process visually presented materials <input type="checkbox"/> Hear or process class lecture <input type="checkbox"/> Use oral communication <input type="checkbox"/> Sit for long periods of time 	<ul style="list-style-type: none"> <input type="checkbox"/> Note taker <input type="checkbox"/> Tape recorder <input type="checkbox"/> Preferential seating <input type="checkbox"/> Sign language interpreter <input type="checkbox"/> Real-time captioning <input type="checkbox"/> Adapted furniture <input type="checkbox"/> Calculator <input type="checkbox"/> Use of spell check <input type="checkbox"/> Scribe <input type="checkbox"/> Adapted technology <input type="checkbox"/> Breaks <input type="checkbox"/> FM system <input type="checkbox"/> Separate Desk/Chair <input type="checkbox"/> _____
Reading Print (Alternate media) <ul style="list-style-type: none"> <input type="checkbox"/> See or process printed materials 	<ul style="list-style-type: none"> <input type="checkbox"/> Texts on tape (RFB&D) <input type="checkbox"/> Enlarged print to _____ <input type="checkbox"/> CCTV/magnifier <input type="checkbox"/> _____ <input type="checkbox"/> Brailled text <input type="checkbox"/> E-text <input type="checkbox"/> Assistive technology
Taking Tests <ul style="list-style-type: none"> <input type="checkbox"/> See or process printed materials <input type="checkbox"/> Comprehend printed materials <input type="checkbox"/> Process information slowly <input type="checkbox"/> Distractible <input type="checkbox"/> Cannot sit for long periods of time 	<ul style="list-style-type: none"> <input type="checkbox"/> Extended time on tests: 1 ½ or 2 time (circle one) <input type="checkbox"/> Distraction reduced setting <input type="checkbox"/> Reader or Taped Test <input type="checkbox"/> Spell check <input type="checkbox"/> Enlarged print to _____ <input type="checkbox"/> _____ <input type="checkbox"/> Adaptive Computer <input type="checkbox"/> Scribe <input type="checkbox"/> Calculator <input type="checkbox"/> Breaks <input type="checkbox"/> Brailled Text
Other Education Activity and Limitation	Other Accommodation/Service

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.

<p align="center">Academic Year _____ - _____</p>			
<p>Progress Measured By:</p>		<p>Refer To:</p>	
<p><input type="checkbox"/> College Progress Policy for Credit Credit-Special Class Non-Credit-Special Class</p> <p><input type="checkbox"/> Educational Contract for Non-Credit-Special Class</p>		<p><input type="checkbox"/> College Transcripts in File or <input type="checkbox"/> Educational Contract Below: Activities needed to determine progress:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Term _____</p> <p>Term _____</p> <p>Term _____</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Satisfactory</p>	<p><input type="checkbox"/> Unsatisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>	<p>DSP sign/date _____</p> <p>DSP sign/date _____</p> <p>DSP sign/date _____</p>

Student Signature and Date

DSP/LD Staff Signature and Date

The Community College District uses the information requested for the purpose of determining a student's eligibility to receive authorized special services provided by the Disability Services Program (DSP). Personal information requested will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.

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