

City College of San Francisco
Disabled Student Programs and Services
STUDENT EDUCATIONAL CONTRACT (SEC)
DSPS Counselors/Credit Student Instructors

Academic Year 20____ - ____

Semester: Summer Fall Spring

Name: _____ CCSF ID#: _____
Last First Middle

Primary Disability: _____ Secondary Disability: _____

Major/Program of Study: _____ Voc Ed: Enrolled Not Enrolled
Pending Referred

Long Term Goal: Transfer AA/AS Degree Certificate Job Skill GED/HS Diploma
Personal/Social Development Basic Skills Development ESL
Other _____

Process to Complete Long Term Goal - Refer to: College Program of Study
DSPS Special Classes Other _____

Short Term Objectives Determined by: Student's Schedule of Classes (Credit)
Special Class Objectives/Progress (Attached – Noncredit)

Verification of Need: The support services listed on the reverse side of this page are required to accommodate the educationally related functional limitations of this student as a result of a professionally verified disability. The special classes recommended are necessary for the student to make progress toward his/her long term goal(s).

PROGRESS MEASURED BY:

_____ College Progress Policy (refer to Academic Standing in Banner)
_____ Special Class Objectives/Progress
_____ Non-Credit Class Promotion

Comments: _____

Student Signature: _____ Date: _____

Specialist Signature: _____ Date: _____

Name: _____ CCSF ID#: _____
Last First Middle

Educational Limitations:

Within the educational environment of this college, this student's functional limitation(s) affect his/her ability to do the following tasks without assistance, accommodation, or professional intervention:

- Complete registration process
- Develop basic skills
- Develop cognitive skills
- Develop communication skills
- Develop physical skills
- Establish appropriate goals
- Hear oral presentations
- Plan appropriate classes
- Prepare for and find employment
- Process oral presentations
- Process visual material
- Produce written material
- See visual material
- Take tests in a traditional manner
- Traverse campus in a timely way
- Use certain facilities, equipment

materials _____

Other: _____

REFERRAL FOR FURTHER ASSESSMENT:

- ABI
- Achievement
- Hearing
- LD
- Speech/Language
- Other: _____

_____ (Initial) Counselor/Instructor has informed student about disability related accommodations.

Support Services Authorized based on Educational Limitations:

SPECIAL CLASSES:

- Credit _____
- Non-Credit _____
- Workability III

COUNSELING:

- Academic
- Disability Management
- Vocational
- Other: _____

ACCOMMODATIONS:

- Access Parking
- Brailled Material
- Classroom Assistant
- Companion Animal
- Enlarged Printed Material _____ (font size)
- Interpreter/Captioner for the Deaf
- Letter to By-Pass Line
- Locker
- Notetaker
- Preferential Seating
- Priority Registration
- Reader
- Recorded Books / Etext
- Registration Assistance
- Service Animal
- Special Orientation

EQUIPMENT USE:

- Assistive Listening Device
- CCTV
- Scooter
- Spelling Checker
- Tape Recorder

TEST ACCOMMODATIONS:

- Computer for testing
- Extra testing time _____
- Mark directly on test
- Reader for testing
- Reduced distraction environment
- Scribe

OTHER: _____

- _____
- _____

Annual progress determined to be:

- Satisfactory Making progress towards satisfactory Unsatisfactory

