

City College of San Francisco  
Disabled Student Programs & Services  
**STUDENT EDUCATIONAL CONTRACT (SEC)**  
DSP&S Counselors/Credit Student Instructors  
Academic Year 20\_\_ - \_\_  
Semesters:  Summer  Fall  Spring

Name \_\_\_\_\_ CCSF ID# \_\_\_\_\_  
Last First Middle

Primary Disability \_\_\_\_\_ Secondary Disability \_\_\_\_\_

Major/Program of Study (Credit) \_\_\_\_\_ Voc Ed  Yes  No

Long Term Goal:  Transfer  AA/AS Degree  Certificate  Job Skill  GED/HSDiploma  
 Personal/Social Development  Basic Skills Development  
 Other \_\_\_\_\_

Process to Complete Long Term Goal - Refer to:  College Program of Study  DSPTS  
Special Classes  Other \_\_\_\_\_

Short Term Objectives Determined by:  Student's Schedule of Classes (credit)  Special  
Class Objectives/Progress (Attached - non credit)

**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 transcript) \_\_\_\_\_ Special Class Objectives/Progress  
\_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Specialist Signature: \_\_\_\_\_ Date \_\_\_\_\_

**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:

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

**REFERRAL FOR FURTHER ASSESSMENT:**

- LD
- ABI
- Speech/Language
- Hearing
- Achievement
- 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
- Vocational
- Disability Management
- Other \_\_\_\_\_

**ACCOMMODATIONS**

- Priority Registration
- Registration Assistance
- Letter to by-pass lines
- Special Orientation
- Access parking
- Locker
- Preferential Seating
- Mobility Assistant in Class
- Interpreter for the Deaf
- Notetaker
- Reader
- Books on Tape
- Enlarged Printed Material
- Brailled Material

**EQUIPMENT USE:**

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

**TEST ACCOMMODATIONS**

- Extra testing time \_\_\_\_\_
- Reduced distraction environment
- Reader for testing
- Computer for testing
- Mark directly on test
- Scribe
- OTHER \_\_\_\_\_
- Reduced course load
- Exacerbated symptoms letter

(Credit) Annual progress determined to be:  
 Satisfactory       Making progress towards satisfactory       Unsatisfactory

Specialist's Initials \_\_\_\_\_ Date \_\_\_\_\_