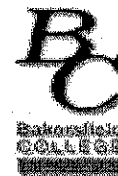




DISABLED STUDENTS PROGRAM AND SERVICE COURSE EXCEPTION CONTRACT



Student Name: _____ ID #: _____

This is a request to modify my educational program: _____, due to disability-related challenges that may interfere with my successful completion of those courses. In receiving this accommodation, I agree to utilize the following accommodations in accordance with federal and state laws and California Community College policies, and to follow the "Plan of Action" below.

- | | |
|--|---|
| <input type="checkbox"/> Extended Time on Tests
<input type="checkbox"/> Notetaker
<input type="checkbox"/> Computer
<input type="checkbox"/> Tape Recorder | <input type="checkbox"/> Tutoring (2 Hours/Week)
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|--|---|

PLAN OF ACTION Required Commitment

1. Meet class attendance standards (minimum).
2. Commit to studying at least two hours for every hour in class (minimum).
3. Turn in quality assignments complete and on time.
4. Obtain all required textbooks within the first week of class.

Other Requirements

- | | |
|---|--|
| <input type="checkbox"/> Reduce work hours to _____ per week
<input type="checkbox"/> Practice study skills strategies
<input type="checkbox"/> Meet instructor during office hours for assistance
<input type="checkbox"/> Other: <u>If feeling undue pressure due to overloaded schedule I agree to drop one or more classes during the first week of the term</u> | <input type="checkbox"/> Limit total units to _____ per semester
<input type="checkbox"/> Study in groups
<input type="checkbox"/> Develop time management schedule
<input type="checkbox"/> Other: _____ |
|---|--|

After discussing my plan for success in this course with my counselor, I commit to the above strategies. If I encounter any difficulties, I will contact my Disabled Students Program and Services counselor as soon as possible.

Student Signature

Date

For Office Use Only

Repeat Authorized for: Spring Summer Fall 20 _____

Disabled Student Programs and Services Faculty

Date