

Name of College _____

Academic Accommodation Plan (AAP)

Student Name _____ Student ID# _____ Date _____

Educational Limitation(s):

<input type="checkbox"/> Testing in a traditional manner/time/location	<input type="checkbox"/> Manual manipulation of objects/equipment	<input type="checkbox"/> Limited stamina
<input type="checkbox"/> Hearing or processing auditory information	<input type="checkbox"/> Completing registration in standard time/manner	<input type="checkbox"/>
<input type="checkbox"/> Seeing or processing visual information	<input type="checkbox"/> Physical access/mobility	<input type="checkbox"/>
<input type="checkbox"/> Speed/Ability of processing information	<input type="checkbox"/> Need to stand/move periodically	<input type="checkbox"/>
<input type="checkbox"/> Producing written materials	<input type="checkbox"/> Behavioral issues in the classroom or on campus	<input type="checkbox"/>

Academic Adjustments, Auxiliary Aids Services and/or Instruction approved for this student:

<input type="checkbox"/> Extended test time __x1.5 __x2 __x2.5 __x__	<input type="checkbox"/> Note taker	<input type="checkbox"/> Accessible classroom furniture
<input type="checkbox"/> Distraction reduced test location	<input type="checkbox"/> Permission to audio/video record	<input type="checkbox"/> Preferential seating
<input type="checkbox"/> Alternate test location	<input type="checkbox"/> Sign language interpreter	<input type="checkbox"/> Stand/move/leave classroom periodically
<input type="checkbox"/> Use of calculator on tests	<input type="checkbox"/> Real time captioning	<input type="checkbox"/> Use of personal device during class
<input type="checkbox"/> Use of spellcheck on tests	<input type="checkbox"/> Alternate media	<input type="checkbox"/> Disability management counseling
<input type="checkbox"/> Reader on tests	<input type="checkbox"/> Assistive technology/software access	<input type="checkbox"/> Career/major counseling
<input type="checkbox"/> Scribe on tests	<input type="checkbox"/> Assistive technology/software training	<input type="checkbox"/> Academic counseling
<input type="checkbox"/> Use of computer/assistive software on tests	<input type="checkbox"/> Adapted Physical Education (APE)	<input type="checkbox"/> Self-advocacy assistance
<input type="checkbox"/> Alternate media for tests	<input type="checkbox"/> Other Educational Assistance Class(es)	<input type="checkbox"/> Referral to campus services
<input type="checkbox"/> Adjustment of exam/assignment length	<input type="checkbox"/> Supplemental instruction/tutoring	<input type="checkbox"/> Referral to community services
<input type="checkbox"/> Adaptive equipment	<input type="checkbox"/> Adaptive equipment loan	<input type="checkbox"/> Use of Service/companion animal
<input type="checkbox"/> DSPS liaison with faculty	<input type="checkbox"/> Priority registration	<input type="checkbox"/> Other (please specify)

Educational Assistance Class Measurable Progress will be determined based on the following criteria: _____

Additional Comments: _____

Completed by: _____

Student Acknowledgment of Discussion: _____