



### ACADEMIC ACCOMMODATION PLAN UPDATE

Academic Year: 2018 - 2019

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ID #: \_\_\_\_\_

**Long Term Educational Goal:** (Please check all that apply)

- AA/AS Degree College Major \_\_\_\_\_
- Vocational Education Certificate: \_\_\_\_\_
- Transfer to a 4 year College       Personal Development (Education and/or Social)
- Acquire Job Skills Only               Undecided on Educational Goals
- Basic Skills Acquisition

### EDUCATIONAL ACCOMMODATIONS

Accommodations for the 2018-2019 academic year have been reviewed, and are acceptable.

Is there a need for modifications to your current accommodations?

If so, please explain: \_\_\_\_\_

<p><b>Annual Progress (Staff only)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Good standing</li> <li><input type="checkbox"/> Probation</li> <li><input type="checkbox"/> Dismissal</li> </ul>	<p><b>Activities to achieve goal: (Staff only)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Credit classes      <input type="checkbox"/> Non-credit classes</li> <li><input type="checkbox"/> DSPS tutoring/labs    <input type="checkbox"/> Accommodations</li> </ul>
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- I agree to meet annually with a DSPS Specialist to review my Academic Accommodation Plan Update (AAP Update).
- I will utilize DSPS services in a responsible manner. I understand that it is my responsibility to inform my instructors about my academic accommodations and that I will show them a copy of my accommodation letter during the first week of class.
- I agree to comply with the College’s Student Code of Conduct.

I have reviewed and agree that the accommodations provided to me are reasonable for certain classes or educational settings at College of the Canyons. I will contact DSPS with any changes or adjustments that need to be addressed in the future. If an agreement between a faculty member, DSPS professional, and myself cannot be reached, I understand that I may file an appeal through the formal college grievance process. Further, I give permission for the DSPS staff to discuss my accommodations with other education professionals who have a legitimate need to know.

***Please follow up with the appropriate DSPS staff member to request your accommodations annually.***

Student’s Signature \_\_\_\_\_

DSPS Faculty Signature \_\_\_\_\_