



Semester Fall _____ Spring _____ Summer _____

Student

Name _____

Coordinator _____ Major _____ Advisor _____

Courseload

Table with 7 columns: Course (Credits), Field Based?, Professor/Supervisor, POA Shared, Notes Requested, Taped Sessions. Rows 1-6.

Services to be Provided

Weekly meetings with Program Coordinator M T W T F Time _____

Learning Strategies to be Trained and Used

Learning Strategies Reviews

Accommodations to be arranged and used

To accommodate for decoding problems

Platform Mac PC

Alternative Presentation of Text

Speech to Text Software

Sonocent Note-taking Software

Note Sharers

- In all courses, arranged by the ALP
 In selected courses/fields, arranged by the ALP

To accommodate for memory problems

Permission to tape record lectures

- Allowed in all courses, arranged by the student*
 In selected courses, arranged by the student*

Preferential Seating arranged by the student*

*with instructor's agreement

Portable Calculators

Writing Support

- Organizational assistance by the ALP (3 class days notice to coordinator)
 First draft editing assistance by the ALP
 Final draft editing assistance by the ALP (1 class day notice)
 Transcription assistance by the ALP

Assessments done in ALP sites in a reduced distraction environment

- 100% Extended time
 Separate location
 Access to Word processor for essays
 All items read as requested
 Essays proofed
 Essays scribed
 Scantrons scribed

To accommodate for Medical Issues and Management

Medication issues (see attachment) Seizure issues (see attachment)

Additional needs related to labs and clinical sites

- Mobility or dexterity
 Strength or lifting
 Sensory
 Thought processing
 Other considerations _____

(Accommodations related to issues identified above are attached to the POA.)

*For example, individually-focused clinical site selection, procurement of adaptive equipment such as amplified stethoscopes, substitutions for non-essential functions, or other reasonable accommodations.

Student Signatures

_____ Date _____

Student signature indicates an understanding of responsibilities and permission to share this form with administration, faculty, academic support/student services, and advisors on a need to know basis to further educational progress.

_____ Date _____

Student signature indicates ALP may share information on request with parents.

Staff Signature

_____ Date _____