



Central Catholic High School
2401 SE Stark St, Portland, OR 97214
Student Support Services
Medical Accommodation Plan

MEDICAL ACCOMMODATION PLAN

A. Student Information

Name	
Date of Birth	
Student ID	
Grade	
S.S.S. Coordinator	
Counselor	
Effective Date	

B. * Medical Information

Medical information identifies the student as having a medical concern, but might not qualify for an Academic Accommodation Plan, AAP, that provides academic accommodations through Student Support Services. The student's medical evaluation information and the non-academic accommodations, steps, and protocols of their medical concern(s) are made available to administrators, counselors, Student Support Services, and the student's teachers to ensure their safety within Central Catholic High School on a Medical Accommodation Plan, MAP. If your student has a medical concern contact Student Support Services for additional questions on what a MAP entails at Central Catholic High School and/or questions regarding AAP eligibility.

Sources of Medical Evaluation Information including Date(s):

Results of Assessment and Medical Diagnosis:

Non-Academic Accommodations, Steps, and Protocols

In-School Emergency Point of Contact

Name:

Level of training:

SIGNATURES

Parent(s)/guardian(s) consent for Medical Accommodation Plan, MAP. By signing below all parties agree to the implementation of the MAP and the student's medical evaluation information, the non-academic accommodations, the steps, and the protocols of their medical concern(s).

Point of Contact Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

S.S.S. Coordinator Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____