Central Catholic
HIGH SCHOOL

ACADEMIC ACCOMMODATION PLAN AND MEDICAL ACCOMMODATION PLAN

A. Student Information

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

B. Medical Information

Source(s) 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:

C. Academic Evaluation Summary

Present Educational Placement Status:

General Education Classroom: Least Restrictive Environment, LRE

Sources of Evaluation Information, including Date(s):

IEP Review Date (if applicable):

Results of Assessment and Diagnosis:

A. Student Strengths:	**B. Student Difficulties:**
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CENTRAL CATHOLIC HIGH SCHOOL ACADEMIC ACCOMMODATIONS AND TOOLS

C. Recommended Academic Accommodations

Testing Accommodations

- ☐ Calculator
- ☐ Breaks as Needed
- ☐ Time and a half on exams
- ☐ Exams in a reduced-distraction environment
- ☐ Exams read orally (primarily for dyslexia, dyscalculia, dysgraphia)
- ☐ Speech to text on written exams (primarily for dyslexia, dysgraphia)
- ☐ Teacher-approved notecard (primarily for dyslexia, dyscalculia, dysgraphia)
- ☐ Digitally record answers

D. Recommended Academic Tools

Classroom and Assignment Tools

- ☐ Speech to text on written assignments
- ☐ Learning Ally
- ☐ Recorded lectures
- ☐ Teacher provided notes
- ☐ Graphic organizer
- ☐ Grammarly
- ☐ Peer notes
- ☐ Flashcards

- ☐ Dividers/Binders
- ☐ Other:

Other Academic Supports
☐ After school study hall ☐ NHS tutoring ☐ Counselor visits & check-ins (counselor pass) ☐ Teacher check-ins ☐ Student Support Services Coordinator check-ins ☐ Success Seminar Class ☐ Saturday School (when applicable) ☐ N/A

SIGNATURES

By signing below, all parties agree to the implementation of the Academic Accommodation Plan, AAP, and acknowledge that they have read and understand all information related to the AAP and how the student can access the accommodations offered, outlined in the Initial Intake and Disclaimer Form.

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

Student Signature: _____ **Date:**_____

Counselor Signature: _____ **Date:** _____

Admin Signature: _____ **Date:** _____

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