

**STUDENT EDUCATION PLAN/CONTRACT**

Academic Year \_\_\_\_\_

NAME _____ Last First M.	OCC ID# _____
MAJOR _____	Voc.Ed. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>LONG TERM GOAL:</b> <input type="checkbox"/> Transfer <input type="checkbox"/> AS/AA Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Job Skills <input type="checkbox"/> Personal/Social Development <input type="checkbox"/> Basic Skills <input type="checkbox"/> Other	
Comments _____	
<b><u>For Office Use Only:</u></b> <b>PROCESS TO COMPLETE LONG TERM GOAL:</b> Refer to <input type="checkbox"/> Eligibility Assessment <input type="checkbox"/> College Program of Students <input type="checkbox"/> Education Contract <input type="checkbox"/> Other _____ Comments _____	

**Short Term Objectives:** Determined by Student Printout/Schedule of Classes.

TERM \_\_\_\_\_ 20\_\_\_\_

CLASS	UNITS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL</b>	_____

**PROGRESS MEASURED BY:**

- College Progress Policy
- Educational Contract
- Other: \_\_\_\_\_

**PROGRESS DETERMINED TO BE:**

- Satisfactory
- Unsatisfactory

\_\_\_\_\_ DSP&S Credentialed

**REFER TO:**

- College Transcripts
- Educational Contract
- Other:

**Services needed to accommodate for Educational Limitations**

- |                                                     |                                                   |                                              |                                                  |
|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Adapted P.E. (190-198AD)   | <input type="checkbox"/> Counseling (Vocational)  | <input type="checkbox"/> Mid-Term Evaluation | <input type="checkbox"/> SEP Review              |
| <input type="checkbox"/> Closed-Captioning          | <input type="checkbox"/> Instructor/Staff Liaison | <input type="checkbox"/> Note-Taking Asst.   | <input type="checkbox"/> Special Equipment Loans |
| <input type="checkbox"/> Computer Adaptation        | <input type="checkbox"/> Intake Evaluation        | <input type="checkbox"/> Off-campus Liaison  | <input type="checkbox"/> Special Workshops       |
| <input type="checkbox"/> Counseling (Academic)      | <input type="checkbox"/> Interpreter Services     | <input type="checkbox"/> Reader Services     | <input type="checkbox"/> Test Proctoring         |
| <input type="checkbox"/> Counseling (Peer/Personal) | <input type="checkbox"/> Learning Skills 001AD    | <input type="checkbox"/> Registration        | <input type="checkbox"/> Tutoring                |

TERM FALL 20\_\_\_\_

CLASS	UNITS
_____	_____
_____	_____
_____	_____
_____	_____

**PROGRESS MEASURED BY:**

- College Progress Policy
- Educational Contract
- Other: \_\_\_\_\_

**PROGRESS DETERMINED TO BE:**

- Satisfactory

