**STUDENT EDUCATION PLAN/CONTRACT**

**Academic Year ___________**

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<th>NAME</th>
<th>OCC ID#</th>
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**MAJOR**

- Voc.Ed. [ ] Yes [ ] No

**LONG TERM GOAL:**

- □ Transfer [ ] AS/AA Degree [ ] Certificate [ ] Job Skills [ ] Personal/Social Development [ ] Basic Skills [ ] Other

**Comments**

---

**For Office Use Only:**

**PROCESS TO COMPLETE LONG TERM GOAL:**

- Refer to [ ] Eligibility Assessment

**Comments**

---

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

**TERM** [ ] __________ 20 [ ]

**CLASS** | **UNITS** | **PROGRESS MEASURED BY:**
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<td>□ Educational Contract</td>
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**PROGRESS DETERMINED TO BE:**

- □ Satisfactory
- □ Unsatisfactory

DSP&S Credentialled

**Personnel/Date**

- □ College Transcripts
- □ Educational Contract

**TOTAL** [ ]

- □ Other:

---

**Services needed to accommodate for Educational Limitations**

- □ Adapted P.E. (190-198AD)
- □ Counseling (Vocational)
- □ Mid-Term Evaluation
- □ SEP Review

- □ Closed-Captioning
- □ Instructor/Staff Liaison
- □ Note-Taking Asst.
- □ Special Equipment Loans

- □ Computer Adaptation
- □ Intake Evaluation
- □ Off-campus Liaison
- □ Special Workshops

- □ Counseling (Academic)
- □ Interpreter Services
- □ Reader Services
- □ Test Proctoring

- □ Counseling (Peer/Personal)
- □ Learning Skills 001AD
- □ Registration
- □ Tutoring

**TERM** [ ] __________ FALL 20 [ ]

**CLASS** | **UNITS** | **PROGRESS MEASURED BY:**
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</tbody>
</table>

**PROGRESS DETERMINED TO BE:**

- □ Satisfactory
Services needed to accommodate for Educational Limitations
☐ Adapted P.E. (190-198AD)  ☐ Counseling (Vocational)  ☐ Mid-Term Evaluation  ☐ SEP Review
☐ Closed-Captioning  ☐ Instructor/Staff Liaison  ☐ Note-Taking Asst.  ☐ Special Equipment Loans
☐ Computer Adaptation  ☐ Intake Evaluation  ☐ Off-campus Liaison  ☐ Special Workshops
☐ Counseling (Academic)  ☐ Interpreter Services  ☐ Reader Services  ☐ Test Proctoring
☐ Counseling (Peer/Personal)  ☐ Learning Skills 001AD  ☐ Registration  ☐ Tutoring

TERM SPRING 20

CLASS UNITS PROGRESS MEASURED BY:
☐ College Progress Policy
☐ Educational Contract
☐ Other: ______

PROGRESS DETERMINED TO BE:
☐ Satisfactory
☐ Unsatisfactory

REFER TO:
☐ College Transcripts
☐ Educational Contract
☐ Other: ______

TOTAL ______

SERVICES needed to accommodate for Educational Limitations
☐ Adapted P.E. (190-198AD)  ☐ Counseling (Vocational)  ☐ Mid-Term Evaluation  ☐ SEP Review
☐ Closed-Captioning  ☐ Instructor/Staff Liaison  ☐ Note-Taking Asst.  ☐ Special Equipment Loans
☐ Computer Adaptation  ☐ Intake Evaluation  ☐ Off-campus Liaison  ☐ Special Workshops
☐ Counseling (Academic)  ☐ Interpreter Services  ☐ Reader Services  ☐ Test Proctoring
☐ Counseling (Peer/Personal)  ☐ Learning Skills 001AD  ☐ Registration  ☐ Tutoring

VERIFICATION OF NEED: The support services detailed on the student data form are required to accommodate the educationally-related functional limitations of this student as documented in the professional verification of disability. The classes listed on this SEP are necessary for the student to make progress toward his/her long term goal(s).

________________________________________  ____________________________
Student Signature                                      Date