

Antelope Valley College – Office for Students With Disabilities

Student Education Contract

First Name: _____ Last Name: _____ MI: _____

Student ID Number: _____ Birthday: _____ Phone: _____

Major: _____ Vocational Education [] State Rehab []

GOAL: Transfer [] AA/AS Degree [] Certificate [] Basic Skills [] Job Skills [] Personal/Social Development [] Other []

SEP: Yes No Last Updated _____ Comments _____

Functional Limitations/Support Services

Primary Disability _____ Verified [] Secondary Disability _____ Verified []

Functional Limitations: _____

Support Services: _____

TERM: _____

Classes	Gr.	Services Needed	Classes	Gr.	Services Needed
Student Signature			OSD Counselor Signature		

TERM: _____

Classes	Gr.	Services Needed	Classes	Gr.	Services Needed
Student Signature			OSD Counselor Signature		

TERM: _____

Classes	Gr.	Services Needed	Classes	Gr.	Services Needed
Student Signature			OSD Counselor Signature		

TERM: _____

Classes	Gr.	Services Needed	Classes	Gr.	Services Needed
Student Signature			OSD Counselor Signature		

Annual Review

Progress measured by: College Progress Policy? [] Educational Contract? [] Other? []

GPA: Current GPA: _____ Cumulative GPA: _____

Unit completion percentage: _____

Progress determined to be: Satisfactory? [] Unsatisfactory? []

OSD SIGNATURE: _____

Date: _____ Review for Year: _____

Refer to: College Transcripts? []
 Educational Contract? []
 Other? []

Comments: _____

Verification of need: The support services detailed on this SEC are required to accommodate the educationally- related functional limitations of this student as documented in the professional verification of disability. The courses attached to this SEC are necessary for the student to make progress toward his/her long term goal(s).