

## Antelope Valley College – Office for Students with Disabilities Student Education Contract

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Cell/Msg Phone: \_\_\_\_\_

Major: \_\_\_\_\_ Depart. Of Rehab [ ] \_\_\_\_\_ Veteran [ ]

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

SEP:  Yes  No Last Updated \_\_\_\_\_

Matriculation:  Yes  No

**Functional Limitations/Support Services**

Primary Disability \_\_\_\_\_ Verified By \_\_\_\_\_ Secondary Disability \_\_\_\_\_ Verified By \_\_\_\_\_

Functional Limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Support Services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TERM:**

Classes	
<b>Student Signature:</b>	
<b>OSD Counselor Signature:</b>	

**TERM:**

Classes	
<b>Student Signature:</b>	
<b>OSD Counselor Signature:</b>	

**TERM:**

Classes	
<b>Student Signature:</b>	
<b>OSD Counselor Signature:</b>	

**TERM:**

Classes	
<b>Student Signature:</b>	
<b>OSD Counselor Signature:</b>	

## Annual Review

**Progress measured by:** College Progress Policy?

**GPA:** Current GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

**Unit completion percentage:** \_\_\_\_\_

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

OSD SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_ Review for Year: \_\_\_\_\_

**Refer to:** College Transcripts?

**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).