Mesa College Disability Support Programs & Services

STUDENT EDUCATIONAL CONTRACT (SEC)

Name:_____ Student ID #: _____
Last First M

Dept. of Rehabilitation ☐ Yes ☐ No

Major: _____ Workability ☐ Yes ☐ No

Long Term Goal: ☐Transfer ☐ AA/AS Degree ☐ Certificate ☐ Job Skills
☐ Personal/Social Development ☐ Basic Skills ☐ Other:

Comments: _____

_____

PROCESS TO COMPLETE LONG TERM GOAL: Refer to:
☐ Eligibility Assessment ☐ College program of study ☐ Educational Contract
☐ Other: _____

The accommodations 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 classes listed on this SEC are necessary for the student to make progress toward his/her long-term goal(s).

Semester:_____

CLASS(ES)	UNIT(S)	REASONABLE ACCOMMODATIONS

TOTAL _____

PROGRESS MEASURED BY:
☐ College Progress Policy
☐ Educational Contract
☐ Other: _____

PROGRESS DETERMINED TO BE:
☐ Satisfactory
☐ Unsatisfactory

REFER TO:
☐ College transcripts
☐ Educational contracts
☐ Other:

_____ _____
Student Signature Date DSPS Counselor Signature Date

White: Student **Yellow: Counselor**