

Central Catholic High School 2401 SE Stark St, Portland, OR 97214 Student Support Services Academic Accommodation Plan

ACADEMIC ACCOMMODATION PLAN

A. Student Information				
Name				
Date of Birth				
Student ID				
Grade Plan Implemented				
S.S.S. Coordinator				
Counselor				
Effective Date				
B. Academic Evaluation Summary				
Present Educational Placement Status:				
General Education Classroon	n: Least Restrictive Environi	ment, LRE		
Sources of Evaluation Information including Date(s):				
Evaluation Type: IEP Review Date (if applicable):				
Results of Assessment and Diagnosis:				
C. Student Strengths:		D. Student Difficulties:		
		2.13.23.20		

CENTRAL CATHOLIC HIGH SCHOOL ACADEMIC ACCOMMODATIONS AND TOOLS

E. Recommended Academic Accommodations				
Accommodations				
☐ Time and a half on exams ☐ Exams read orally ☐ Exams in a distraction free environment ☐ Teacher approved notecard ☐ Digitally record answers ☐ Speech to text on written exams ☐ Calculator ☐ Breaks as Needed				
F. Recommended Academic Tools				
Classroom and Assignment Tools				
□ Speech to text on written assignments □ Learning Ally □ Recorded lectures □ Teacher provided notes □ Graphic organizer □ Grammarly □ Peer notes □ Flashcards □ Dividers/Binders				
Othor Acadomia Sunnorts				
Other Academic Supports				
After school study hall NHS tutoring Counselor visits & check-ins Teacher check-ins Student Support Services Coordinator check-ins Saturday School (when applicable)				

SIGNATURES

By signing below, all parties agree to the implementation of the Academic Accommodation Plan, AAP. Additionally, all parties acknowledge that they have read, understand and signed all information related to the AAP and how the student can access accommodations offered, outlined in the Initial Intake and Disclaimer Form.

Student Signature:	Date:	
Parent/Guardian Signature:	Date:	
	Deter	
S.S.S. Coordinator Signature:	Date:	_
Counselor Signature	Date	