



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

ACADEMIC ACCOMMODATION PLAN AND MEDICAL ACCOMMODATION PLAN

A. Student Information

Name	
Date of Birth	
Student ID	
Grade	
S.S.S. Coordinator	
Counselor	
Effective Date	

B. * Medical Information

Source(s) of Medical Evaluation Information including Date(s):

Results of Assessment and Medical Diagnosis:

Non-Academic Accommodations, Steps, and Protocols

In-School Emergency Point of Contact

Name:	
Level of training:	

C. Academic Evaluation Summary

Present Educational Placement Status:

Sources of Evaluation Information including Date(s):

IEP Review Date (if applicable):

Results of Assessment and Diagnosis:

A. Student Strengths:	B. Student Difficulties:
1. 2. 3.	1. 2. 3.

CENTRAL CATHOLIC HIGH SCHOOL ACADEMIC ACCOMMODATIONS AND TOOLS

C. Recommended Academic Accommodations

Accommodations
<ul style="list-style-type: none"><input type="checkbox"/> Time and a half on exams<input type="checkbox"/> Exams read orally<input type="checkbox"/> Exams in a distraction free environment<input type="checkbox"/> Teacher approved notecard<input type="checkbox"/> Digitally record answers<input type="checkbox"/> Speech to text on written exams<input type="checkbox"/> Calculator<input type="checkbox"/> Breaks as Needed

D. Recommended Academic Tools

Classroom and Assignment Tools
<ul style="list-style-type: none"><input type="checkbox"/> Speech to text on written assignments<input type="checkbox"/> Learning Ally<input type="checkbox"/> Recorded lectures<input type="checkbox"/> Teacher provided notes<input type="checkbox"/> Graphic organizer<input type="checkbox"/> Grammarly<input type="checkbox"/> Peer notes<input type="checkbox"/> Flashcards

<input type="checkbox"/> Dividers/Binders <input type="checkbox"/> Other:
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Other Academic Supports

<input type="checkbox"/> After school study hall <input type="checkbox"/> NHS tutoring <input type="checkbox"/> Counselor visits & check-ins <input type="checkbox"/> Teacher check-ins <input type="checkbox"/> Student Support Services Coordinator check-ins <input type="checkbox"/> Saturday School (when applicable) <input type="checkbox"/> N/A

SIGNATURES

By signing below all parties agree to the implementation of the Academic Accommodation Plan, AAP, and acknowledge that they have read and understand 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:** _____

S.S.S. Coordinator Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____