

Program: _____
Site: _____
Academic Year: _____



FOOTHILL COLLEGE
12345 El Monte Road
Los Altos Hills, CA 94022
www.foothill.edu/al

ADAPTIVE LEARNING DIVISION (ALD)
DISABILITY RESOURCE CENTER (DRC)
Phone: (650) 949-7017/7102
Fax: (650) 917-1064, Room 5801

STUDENT EDUCATIONAL CONTRACT

Student's Name: _____ SSN/ID#: _____

Initial Date of Application for ALD/DRC Services: _____

Major Field of Study: _____

Long-term Educational Goal:

- | | |
|--|---|
| <input type="checkbox"/> Transfer to 4-year College without Associate degree | <input type="checkbox"/> Improve basic skills in English, Reading, Math |
| <input type="checkbox"/> Transfer to 4-year College with Associate degree | <input type="checkbox"/> Acquire job skills only |
| <input type="checkbox"/> Associate Degree, Vocational (non-transfer) | <input type="checkbox"/> Update job skills only |
| <input type="checkbox"/> Associate Degree, General Ed. (non-transfer) | <input type="checkbox"/> Maintain certificate or license |
| <input type="checkbox"/> Certificate in Vocational Program | <input type="checkbox"/> Personal educational development |
| <input type="checkbox"/> Complete credits for High School Diploma or G.E.D. | <input type="checkbox"/> Develop P.E. and Related Health Skills |
| <input type="checkbox"/> Discover/Formulate career interests, plans, goals | <input type="checkbox"/> Undecided on educational goal |

Vocational Education: Yes No

Progress will be determined based on the following criteria:

Credit, Credit-Special Class and Non-Credit: The student meets the academic standards established by the college. A student enrolled in one or more regular courses continues to be eligible for ALD/DRC services (assuming all other requirements are met) so long as he or she has not been dismissed from the college for failure to meet academic standards pursuant to Title 5 C.C.R. Section 55756.

Non-Credit Special Class: Students must demonstrate they have made measurable progress towards their instructional or academic goal.

Activities needed to determine annual progress towards stated instructional or educational goal: (include a description of specific objectives, skills and learning strategies):

- | | |
|---|---|
| <input type="checkbox"/> Successful course completion | <input type="checkbox"/> Counselor/coordinator annual review with student |
| <input type="checkbox"/> See attached evaluation | <input type="checkbox"/> Other |

Additional Comments: _____

Description of how the ALD/DRC services provided to the student are related to the educational setting:
See student's transcript of records in Student Information System

Student's Signature: _____ Date: _____

ALD/DRC Staff Signature: _____ Date: _____