

**SPECIAL SERVICES
Saddleback College**

_____ Matriculant
_____ Non-Matriculant

STUDENT EDUCATIONAL CONTRACT

Student Name: _____		Date: _____	
I.D. Number: _____		Major: _____	
		Home Phone: _____	
A. LONG-TERM GOAL: AA/AS <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> TRANSFER <input type="checkbox"/> UNDECIDED <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> OTHER _____ CAREER GOALS _____			

B. SHORT-TERM OBJECTIVES: Refer to Current Student Printout/Schedule of Classes.

COMMENTS: _____

C. EDUCATIONAL LIMITATIONS – Refer to:

- Verification of Disability
- Intake, Intervention & Eligibility Record

E. ACADEMIC ADJUSTMENTS NEEDED – Refer to:

- Authorized Accommodations
- Eligibility Record

D. PLACEMENT INFORMATION FOR MATRICULATION:

Writing _____
 Reading _____
 Math _____

F. RECOMMENDED CLASSES: Academic Year _____

Fall Courses	Units	Spring Courses	Units	Summer Courses	Units
Total Units:		Total Units:		Totals:	

COMMENTS: _____

_____ Student Signature	_____ Date
-----------------------------------	----------------------

Orientation Complete:

_____ Counselor's/Specialist's Signature

G. PROGRESS:

- will be measured annually by: College Progress Policy Special Class Curriculum
 determined to be: Satisfactory Unsatisfactory

_____ DSP&S Evaluator's Signature _____ Student's Signature _____ Date
 (I agree/disagree with progress noted.)