



Education Accommodation Plan (EAP)

Student Name:

Semester/Year:

- 1. Describe the nature of the disability:

- 2. What confirmation has been received concerning the disability?

- 3. Describe how the disability affects academic performance.

4. Describe the reasonable academic accommodations that are necessary.

Student Accommodations	Institutional Accommodations

5. EAP Participants (may include student’s professors, judicatory representatives, field education supervisor, faculty advisor, etc.) *Faculty Member: Please initial and date when you’ve received and read this to indicate that you agree to provide the accommodations required by this student. Then return notice to Teresa Benneian.

Name	Initials/Date

6. Review/Reassessment Date(s):

I hereby authorize release of this information to the EAP participants.

Student Signature:

Date: