**\*\*\*CONFIDENTIAL\*\*\***

**Pupil Services Team Accommodation Protocol (PSP)**

Date Effective: 2018-19 School Year UNTIL: Click or tap here to enter text.

PST Members Involved with Student:

Student Name: Click or tap here to enter text. Grade: Click or tap here to enter text.

☐ RISE ☐ 504 ☐ IEP ☒ PSP only

**Reason for Accommodations (select all that apply):**

☐ Ongoing Treatment

☐ Hospitalization

☐ Other: Click or tap here to enter text.

**Accommodations Required:**

☐ Exempt all graded assignments ☐ AND/OR all assessments ☐ from (date) to (date)

☐ Exempt final exams for: first semester ☐ second semester ☐

☐ Issue incomplete at the end of grading period, work to be completed by enter date

☐ Issue modified grade M or E -- for: first semester ☐ second semester ☐

☐ Pre-Requisite course should be waived

☐ Alternate setting for assessments in Click or tap here to enter text.

☐ Extended time for Click or tap here to enter text. ☐ 50% ☐ 100%

☐ Reduce assignments by Click or tap here to enter text.% until enter date

☐ Preferred Seating Click or tap here to enter text.

☐ Leave class 5 minutes early

☐ Teacher initiated weekly check-ins with student

☐ Teacher initiated weekly parent e-mail

☐ Provide homework via ☐ Google Doc ☐ Paper / Pencil

☐ Other: Click or tap here to enter text.