**\*\*\*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.