

# Four County Area Vocational Cooperative

## **CONFIDENTIAL**: Adaptations/Modifications/Support Needed for Vocational Classes

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

High School: \_\_\_\_\_ Teacher of Record: \_\_\_\_\_

School Psychologist: \_\_\_\_\_ HS Contact Number: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Disability Classification: \_\_\_\_\_

FCAVC Vocational Program: \_\_\_\_\_ FCAVC Teacher: \_\_\_\_\_

*-The student will apply the following modifications/adaptations to be successful in all mainstream classes per their request.  
-Should questions arise with these modifications, please contact the guidance counselor or contact teacher of record and the home high school listed above.*

Reading Level: \_\_\_\_\_ Mathematics Level: \_\_\_\_\_ GQE L \_\_\_\_\_ GQE M: \_\_\_\_\_

Student may take tests under the supervision of the resource teacher at the home high school, when requested.

Student may have modified and extended tests, up to double time. Modifications will take place to ensure tests can be completed within the double time. The extended time may not take place during class time, but shall instead come from study hall or at times arranged with the special education teacher.

Student may use a calculator

Student may have tests read or rephrased

Student may use a highlighter for class work/ISTEP

Student may use notes and/or book when taking test

Student may have reduced or modified assignments and extended time, if requested

Student may receive copy of teacher's notes prior to class lecture

Student may have spelling checked and edited prior to final grade

Student may give oral answers for tests and assignments when written is inadequate

Additional Modifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavioral Issues (Attach behavioral plan if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Contact Teacher Signature