

VICTOR VALLEY COLLEGE
DISABLED STUDENT PROGRAMS AND SERVICES
GOOD FAITH CONTRACT (COURSE SUBSTITUTION PROCESS)

Student Name: _____ VVCID #: _____

No Alternative Class Available

This is a contract for the following course: _____, in which a course substitution may be requested in the future due to disability-related needs that have interfered with my successful completion of that course. In this contract, I agree to utilize the following accommodations in accordance with federal and state laws and California Community College policies, and to follow the "Plan of Action" below.

- | | |
|---|--|
| <input type="checkbox"/> Extended Time on Tests | <input type="checkbox"/> Tutoring (1-2 Hours/Week) |
| <input type="checkbox"/> Notetaker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tape Recorder | <input type="checkbox"/> Other: _____ |

PLAN OF ACTION

Required Commitment

1. Meet class attendance standards (minimum).
2. Commit to studying at least two hours for every hour in class (minimum).
3. Turn in quality assignments complete and on time.
4. Meet with a DSPS Counselor or LD Specialist at least twice during the semester.
5. Obtain all required textbooks within the first week of class.

Other Requirements

- | | |
|--|--|
| <input type="checkbox"/> Reduce work hours to _____ per week | <input type="checkbox"/> Limit total units to _____ per semester |
| <input type="checkbox"/> Practice study skills strategies | <input type="checkbox"/> Study groups |
| <input type="checkbox"/> Meet instructor every 3 weeks during semester | <input type="checkbox"/> Develop time management schedule |
| | <input type="checkbox"/> Other: _____ |
-

After discussing my plan for success in this course with my Counselor, I commit to the above strategies. If I encounter any difficulties, I will contact my DSPS Counselor **immediately**.

Student Signature

Date

DSPS FACULTY

Date