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## SERVICES FOR STUDENTS WITH SPECIAL NEEDS INDIVIDUAL ADVISEMENT AND SERVICES PLAN

Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Name: \_\_\_\_\_

Diagnosis

Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

SNS Coordinator: \_\_\_\_\_

SNS Case Manager Assigned: \_\_\_\_\_

Year in School: Freshman Sophomore Junior Senior

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

If major is undecided, would student like career counseling? Yes No

Academic Advisor: \_\_\_\_\_

Estimated Date of Graduation: \_\_\_\_\_

Current Term / Semester: Spring Term First Term Summer Term

Fall Semester Winter Semester

1. Documentation:      YES      NO      In Progress      Date: \_\_\_\_\_

2. Previous Services      YES      NO  
(If YES, where?)      High School      Higher Ed.      Community      Other: \_\_\_\_\_

3. Release of Information to:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Professional**

**Vocational Rehabilitation Counselor**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mental Health Counselor**

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SERVICES REQUESTED / SUGGESTED

SNS Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

SNS Case Manager: \_\_\_\_\_

### Services Suggested

ASL interpreters	
Transcription	
Volunteer Note Taker	
Peer Note Taker	
Carbonless Paper	
Taped Texts	
Live Readers	
Campus Assistance	
Testing Accommodation	
Tutoring	
Accommodation Letter	
Counseling	
Assistive Technology	
Computer Needs	
Off Campus Resource Locating	
Further Testing	

Other: \_\_\_\_\_

### Services Requested

ASL interpreters	
Transcription	
Volunteer Note Taker	
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Counseling	
Assistive Technology	
Computer Needs	
Off Campus Resource Locating	
Further Testing	

Other: \_\_\_\_\_

If there are any services rejected by either the SNS coordinator / SNS Case Manager or SNS student,  
Please explain the reasons:

## CLIENT REPORTED NEEDS

Description of Challenge:

Date: \_\_\_\_\_

History of Challenge:

Current Description:

Relief Sought:

### MEDICATIONS:

1. \_\_\_\_\_

Date: \_\_\_\_\_

2. \_\_\_\_\_

Date: \_\_\_\_\_

3. \_\_\_\_\_

Date: \_\_\_\_\_

4. \_\_\_\_\_

Date: \_\_\_\_\_

5. \_\_\_\_\_

Date: \_\_\_\_\_

6. \_\_\_\_\_

Date: \_\_\_\_\_

## RESPONSIBILITIES

*Student*

*SNS*

<i>Student</i>		<i>SNS</i>

The above advisement and services have been discussed, explained and agreed upon for \_\_\_\_\_ semester/term by the signed below. If individual circumstances change in the semester/term, the individual will notify his/her SNS Case manager and/or SNS Coordinator and amendments to IASP or a new IASP may be agreed upon.

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
SNS Coordinator and/or SNS Case Manager Signature

Date: \_\_\_\_\_