

NATIONAL TAIWAN UNIVERSITY

Individual Support Plan for Special Needs Students

Name: _____ Student ID No.: _____
Department / Graduate Institute: _____

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I. Personal Data and Disabilities (to be filled out by the student)

1. Personal Data

Date / / (MM/DD/YYYY)

Name			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	National ID No.		
Academic Program	<input type="checkbox"/> Undergraduate program <input type="checkbox"/> Other <input type="checkbox"/> Master's program <input type="checkbox"/> Doctoral program	Department / Graduate Institute		Date of Birth	____/____/____ (MM/DD/YY YY)	Date of Admission	
		Division		Student ID No.		Expected Date of Deregistration	(filled out by counselor)
E-mail			Admission	<input type="checkbox"/> Multi-channel admission <input type="checkbox"/> College and University Entrance Exam for Physically and Mentally Disabled Students <input type="checkbox"/> Graduate institute entrance exam <input type="checkbox"/> Other: _____			
Address	Contact address during student's enrollment <input type="checkbox"/> Home <input type="checkbox"/> Dorm____ <input type="checkbox"/> Off-campus housing <input type="checkbox"/> Other: ____ Contact address: Household registration address:			Phone no.	Dorm: <input type="checkbox"/> Off-campus housing Home: Mobile:		
Disability Identification	Special Needs Students' Diagnosis and Placement Counseling Committee Certificate Certificate No.: _____ Type of disability: _____ Expiration date: _____ Disability ID Card Type of disability: _____ Level: _____ Expiration date: _____						
Disability Status	Onset of disability: <input type="checkbox"/> Congenital <input type="checkbox"/> Acquired (at the age of ____)						
	Cause of disability:						
	Treatment:						
Current condition: (current state of recovery, physical condition, and whether treatment is continuing)							
Emergency Contact	Name		Phone no.	Work:		Attach 2-inch passport photo (taken in the past three months) here.	
	Relation-ship			Home:			
				Mobile:			
				E-mail:			
Address	<input type="checkbox"/> Same as the household registration address <input type="checkbox"/> Work address <input type="checkbox"/> Other: _____						

Previous Education

Educational Level	School/Institute	Period of Study	Form of Education	Notes
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<input type="checkbox"/> Junior high school <input type="checkbox"/> Regular/vocational high school <input type="checkbox"/> University/college	Name of school: <hr/>		<input type="checkbox"/> Regular class <input type="checkbox"/> Special school <input type="checkbox"/> Special needs class <input type="checkbox"/> Itinerant teaching service <input type="checkbox"/> Other: _____	
Overview of services received in previous schooling:				

2. Health Conditions

(1) Do you have any special conditions? ☐ No ☐ Yes (please check all that apply and fill out the description)

☐ Heart disease ☐ High blood pressure ☐ Low blood pressure ☐ Diabetes

☐ Epilepsy ☐ Vertigo ☐ Brittle bone

☐ Chronic insomnia ☐ Asthma ☐ Hypothyroidism ☐ Hyperthyroidism

☐ Malignant tumor _____ ☐ Allergy to _____ ☐ Other: _____

(2) Are you currently using any medication? ☐ No ☐ Yes (please fill out the table below)

Name of Medication	Purpose of Medication	Date Started	Frequency of Administration	Dose	Side Effects

(3) Disability and use of assistive device(s)

Disability: Vision: <input type="checkbox"/> Normal (after correction) Left: Right: Hearing: <input type="checkbox"/> Normal (<input type="checkbox"/> Hearing aid <input type="checkbox"/> Cochlear implant) Left: Right: (dB) Description of physical disability: _____		Your attending physician at your regular hospital
Are you currently using any assistive device(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> No <input type="checkbox"/> Yes: <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div>1. Assistive devices for daily life:</div> <div>3. Assistive medical devices:</div> </div> </div> <div> <div>2. Assistive learning devices:</div> <div>4. Other assistive devices:</div> </div> </div>		

3. Family Information

Family members (including siblings, spouse, and children)	Relation-ship	Name	Education	Occupation	Employer	Contact Number (Mobile)	Notes
	Father						
	Mother						

Household status	1. Birth order: ____; ____ older brother(s), ____ older sister(s), ____ younger brother(s), ____ younger sister(s)
	2. Parents' marital status: <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____
	3. Your marital status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married (# of children: ____)
	4. Primary caretaker: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other
	5. Primary language spoken at home: _____ Do your parents speak/understand Mandarin? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Presence of disability in other family members: <input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify: _____)
	7. Household economic status: <input type="checkbox"/> Upper-income <input type="checkbox"/> Upper-middle-income <input type="checkbox"/> Middle-income <input type="checkbox"/> Middle-to-low-income household

4. Copies of Identification Documents

Please attach copies of identification documents below the dotted lines.

Copy of your National ID Card (front and back)

-----Attach below-----

Copy of your Disability ID Card (front and back)

----- Attach below-----

II. Special Needs and Services

1. Learning and Daily Living Needs Survey (to be filled out by the student)

1. Assistive device needs (select all that apply)		
<input type="checkbox"/> No special needs	<input type="checkbox"/> In need of: <input type="checkbox"/> Learning assistive device: _____ <input type="checkbox"/> Communication assistive device: _____ <input type="checkbox"/> Hearing assistive device: _____ <input type="checkbox"/> Visual impairment assistive device: _____ <input type="checkbox"/> Daily living assistive device: _____ <input type="checkbox"/> Mobility assistive device: _____ <input type="checkbox"/> Other: _____	
2. <u>Lecture</u> needs (select all that apply)		
<input type="checkbox"/> No special needs <input type="checkbox"/> Provision of slides or handouts before class <input type="checkbox"/> Conversion of lecture notes to braille or voice output <input type="checkbox"/> Teaching materials in large print	<input type="checkbox"/> Real-time transcription <input type="checkbox"/> Sign language translation <input type="checkbox"/> Recording with audio recorder <input type="checkbox"/> Assistance with note taking	<input type="checkbox"/> In-class assistance <input type="checkbox"/> Special chair and desk <input type="checkbox"/> Special wheelchair-accessible seat <input type="checkbox"/> Other: _____
3. <u>Academic</u> needs (select all that apply)		
<input type="checkbox"/> No special needs <input type="checkbox"/> Teaching materials in braille <input type="checkbox"/> Teaching materials in large print <input type="checkbox"/> Audiobooks	<input type="checkbox"/> Audio recorder <input type="checkbox"/> Reading assistance <input type="checkbox"/> Borrowing notes from fellow students <input type="checkbox"/> Post-lecture discussion with fellow students	<input type="checkbox"/> Academic assistance: Subject: _____ <input type="checkbox"/> Other: _____
4. <u>Assignment</u> needs (select all that apply)		
<input type="checkbox"/> No special needs <input type="checkbox"/> Fellow students' assistance with research	<input type="checkbox"/> Student workers' assistance with typing <input type="checkbox"/> Use of learning assistive device	<input type="checkbox"/> Other: _____
5. <u>Examination (assessment)</u> needs (select all that apply)		
<input type="checkbox"/> No special needs <input type="checkbox"/> Separate exam room <input type="checkbox"/> Extended exam time by _____ minutes	<input type="checkbox"/> Braille exam papers <input type="checkbox"/> Exam papers with enlarged print in size _____ font <input type="checkbox"/> Reading assistance on exam papers	<input type="checkbox"/> Taking exams via dictation to a scribe <input type="checkbox"/> Taking exams on a computer <input type="checkbox"/> Other: _____
6. <u>Daily living</u> assistance needs (select all that apply)		
<input type="checkbox"/> No special needs <input type="checkbox"/> Priority housing arrangements <input type="checkbox"/> Mobility assistance /	<input type="checkbox"/> Student assistant <input type="checkbox"/> Information for part-time jobs <input type="checkbox"/> Applications for daily living	<input type="checkbox"/> Applications for scholarships and financial aid <input type="checkbox"/> Text notifications (via SMS or

transportation	assistive device(s)	email) <input type="checkbox"/> Other: _____
7. Related support services (select all that apply)		
<input type="checkbox"/> No special needs <input type="checkbox"/> Social skills <input type="checkbox"/> Counseling <input type="checkbox"/> Career/exploratory counseling	<input type="checkbox"/> Psychological testing <input type="checkbox"/> Auditory assessment and training <input type="checkbox"/> Orientation and Mobility training <input type="checkbox"/> Treatment and rehabilitation	<input type="checkbox"/> Psychiatric service <input type="checkbox"/> Emotional support from faculty and fellow students <input type="checkbox"/> Other: _____
8. <u>Social adjustment and participation</u> (select all that apply)		
<input type="checkbox"/> No special needs <input type="checkbox"/> Growth group	<input type="checkbox"/> Social dining activities <input type="checkbox"/> Other: _____	<input type="checkbox"/> Student society participation
9. <u>Transition</u> services (select all that apply)		
<input type="checkbox"/> No special needs <input type="checkbox"/> Counseling for further education <input type="checkbox"/> Overseas studies entrance examinations and counseling	<input type="checkbox"/> Career counseling <input type="checkbox"/> Counseling for civil service examinations <input type="checkbox"/> Vocational rehabilitation assessment	<input type="checkbox"/> Social welfare information <input type="checkbox"/> Assistive devices and resources <input type="checkbox"/> Other: _____
10. Individual learning and living needs:		

(Sections above this line to be filled out by the student)



(Sections below this shall be filled out by the counselor)

2. Analysis of Current Conditions and Disabilities (to be filled out by the counselor)

Category	Analysis of Current Conditions and Disabilities
Physical condition (general physical condition, treatment of special disease conditions, medical history, etc.)	(1) Please describe the student's health examination results (height, weight, color blindness, physical fitness): (2) Please describe the student's disease or medical history: (3) Current medications: <input type="checkbox"/> None <input type="checkbox"/> Yes, _____ (4) Other: _____
Sensory function (functioning of the visual, auditory, tactile, kinesthetic, and vestibular senses)	<input type="checkbox"/> Normal sensory function <input type="checkbox"/> Poor sensory function, including in the _____ sense(s) (fill in all that apply); please specify: _____ <input type="checkbox"/> Other: _____
Voluntary motor control (gross/fine motor skills, motor coordination, etc.)	(1) Motor control: <input type="checkbox"/> Good gross motor skills <input type="checkbox"/> Good fine motor skills (2) Orientation skills: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed (3) Motor coordination and balance: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed (4) Functional motor skills: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed (5) Other: _____
Cognitive skills (retention, comprehension, reasoning, and concentration, etc.)	(1) Retention skills: <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed (2) Comprehension skills: <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed (3) Reasoning skills: <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed (4) Concentration skills: <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed (5) Other: _____
Communication skills (speech comprehension, speech articulation, ability to clearly express self, willingness to communicate)	(1) Speech comprehension: <input type="checkbox"/> Global comprehension <input type="checkbox"/> Partial comprehension <input type="checkbox"/> No comprehension (2) Verbal expression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None (3) Does the student require an assistive device(s) or other services to communicate? <input type="checkbox"/> No <input type="checkbox"/> Yes, the student requires _____ (4) Other: _____
Academic skills (reading comprehension, time management, and use of learning strategies)	(1) Mandarin language skills: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed (2) English language skills: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed (3) Reading comprehension skills: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed (4) Mathematical ability: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed

	<p>needed</p> <p>(5) Writing skills: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed</p> <p>(6) Other: _____</p>
<p>Self-care abilities (self-care, communication, and leisure)</p>	<p>(1) Self-care: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed</p> <p>(2) Communication: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed</p> <p>(3) Leisure activities: <input type="checkbox"/> Can participate unassisted <input type="checkbox"/> Can participate in some <input type="checkbox"/> Unable to participate</p> <p>(4) Other: _____</p>
<p>Social and emotional skills (emotional stability, emotion management, and interactions and relationships with faculty members and fellow students)</p>	<p>(1) Interpersonal skills: <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed</p> <p>(2) Emotion management: <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed</p> <p>(3) Behavioral disorders: <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed</p> <p>(4) Other: _____</p>
<p>Mobility (ability to get around unassisted, ability to use public transportation, etc.)</p>	<p>(1) Mobility: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed</p> <p>(2) Transportation: <input type="checkbox"/> No assistance needed <input type="checkbox"/> Some assistance needed <input type="checkbox"/> Full assistance needed</p> <p>(3) Other: _____</p>
<p>Comprehensive assessment (impact of disability on the student; strengths and weaknesses; advantages and disadvantages)</p>	<p>(1) Relationship skills <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed:</p> <p>(2) Emotional regulation skills <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed:</p> <p>(3) Personal understanding of disease(s) <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed:</p> <p>(4) Problem-solving and emergency response skills <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed:</p> <p>(5) Resource-seeking skills <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed:</p> <p>(6) Support system resources <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed:</p> <p>(7) Family support and interaction <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed:</p> <p>(8) Household economic status <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Assistance needed:</p> <p>(9) Other: _____</p>

3. **Decisions on Measures, Support Services, and Strategies for Special Needs Students Reached in the ISP Meeting (to be filled out by the counselor)**

Services and Strategies			Assisting Unit/Personnel
1. Assistive device needs (select all that apply)			
<input type="checkbox"/> No special needs	<input type="checkbox"/> In need of: <input type="checkbox"/> Learning assistive device: _____ <input type="checkbox"/> Communication assistive device: _____ <input type="checkbox"/> Hearing assistive device: _____ <input type="checkbox"/> Visual impairment assistive device: _____ <input type="checkbox"/> Daily living assistive device: _____ <input type="checkbox"/> Mobility assistive device: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other	
2. <u>Lecture</u> needs (select all that apply)			
<input type="checkbox"/> No special needs <input type="checkbox"/> Provision of slides or handouts before class <input type="checkbox"/> Conversion of lecture notes to braille or voice output <input type="checkbox"/> Teaching materials in large print	<input type="checkbox"/> Real-time transcription <input type="checkbox"/> Sign language translation <input type="checkbox"/> Recording with audio recorder <input type="checkbox"/> Assistance with note taking	<input type="checkbox"/> In-class assistance <input type="checkbox"/> Special chair and desk <input type="checkbox"/> Special wheelchair-accessible seat <input type="checkbox"/> Other: _____	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other
3. <u>Academic</u> needs (select all that apply)			
<input type="checkbox"/> No special needs <input type="checkbox"/> Teaching materials in braille <input type="checkbox"/> Teaching materials in large print <input type="checkbox"/> Audiobooks	<input type="checkbox"/> Audio recorder <input type="checkbox"/> Reading assistance <input type="checkbox"/> Borrowing notes from fellow students <input type="checkbox"/> Post-lecture discussion with fellow students	<input type="checkbox"/> Academic assistance: Subject: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other
4. <u>Assignment</u> needs (select all that apply)			
<input type="checkbox"/> No special needs <input type="checkbox"/> Fellow students' assistance with research	<input type="checkbox"/> Student workers' assistance with typing <input type="checkbox"/> Use of learning assistive device	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Department / graduate institute faculty member or instructor

			<input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other
5. Examination (assessment) needs (select all that apply)			
<input type="checkbox"/> No special needs <input type="checkbox"/> Separate exam room <input type="checkbox"/> Extended exam time by _____ minutes	<input type="checkbox"/> Braille exam papers <input type="checkbox"/> Exam papers with enlarged print in size ____ font	<input type="checkbox"/> Reading assistance on exam papers <input type="checkbox"/> Taking exams via dictation to a scribe <input type="checkbox"/> Taking exams on a computer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other
6. Daily living assistance needs (select all that apply)			
<input type="checkbox"/> No special needs <input type="checkbox"/> Priority housing arrangements <input type="checkbox"/> Mobility assistance / transportation	<input type="checkbox"/> Student assistant <input type="checkbox"/> Information for part-time jobs <input type="checkbox"/> Applications for daily living assistive device(s)	<input type="checkbox"/> Applications for scholarships and financial aid <input type="checkbox"/> Text notifications (via SMS or email) <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other
7. Related support services (select all that apply)			
<input type="checkbox"/> No special needs <input type="checkbox"/> Social skills <input type="checkbox"/> Counseling <input type="checkbox"/> Career/exploratory counseling	<input type="checkbox"/> Psychological testing <input type="checkbox"/> Auditory assessment and training <input type="checkbox"/> Orientation and Mobility training <input type="checkbox"/> Treatment and rehabilitation	<input type="checkbox"/> Psychiatric service <input type="checkbox"/> Emotional support from faculty and fellow students <input type="checkbox"/> Other: _____	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other
8. Social adjustment and participation (select all that apply)			
<input type="checkbox"/> No special needs <input type="checkbox"/> Growth group	<input type="checkbox"/> Social dining activities <input type="checkbox"/> Other: _____	<input type="checkbox"/> Student society participation	<input type="checkbox"/> Department / graduate institute faculty member or

			instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other
9. <u>Transition</u> services (select all that apply)			
<input type="checkbox"/> No special needs <input type="checkbox"/> Counseling for further education <input type="checkbox"/> Overseas studies entrance examinations and counseling	<input type="checkbox"/> Career counseling <input type="checkbox"/> Counseling for civil service examinations <input type="checkbox"/> Vocational rehabilitation assessment	<input type="checkbox"/> Social welfare information <input type="checkbox"/> Assistive devices and resources <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other
10. Individual learning and living needs:			<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other

III. Transition Counseling and Services (to be filled out by the counselor)

1. Planning of further education or employment

Future course of action:

- ☐ Further education (☐ at NTU ☐ at another university/college: _____)
- ☐ Employment ☐ Participation in vocational training
- ☐ Civil service examination (including teacher placement exams) in the category:

- ☐ Examination for Government-Sponsored Overseas Study
- ☐ Other: _____

2. Counseling and other services

- ☐ Disability Support Services' career transition seminars
- ☐ Individual career exploration and transition counseling

- ☐ Career aptitude tests and interpretation of results
- ☐ Information about on- and off-campus career transition seminars and events
- ☐ Information about on- and off-campus recruitment opportunities
- ☐ On- and off-campus work-study opportunities
- ☐ Referral to labor or social affairs authorities for assistance
- ☐ Other _____

IV. Adjustments to Special Education Needs (to be filled out by the counselor)

Semester	Special Educational Needs		Method	Supporting Unit	Case manager
	<input type="checkbox"/> No needs <input type="checkbox"/> Has needs	<input type="checkbox"/> Assistive device(s) <input type="checkbox"/> Learning assistance <input type="checkbox"/> Daily living assistance <input type="checkbox"/> Related support services	<input type="checkbox"/> Telephone <input type="checkbox"/> Online <input type="checkbox"/> In-person meeting	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other	
	<input type="checkbox"/> No needs <input type="checkbox"/> Has needs	<input type="checkbox"/> Assistive device(s) <input type="checkbox"/> Learning assistance <input type="checkbox"/> Daily living assistance <input type="checkbox"/> Related support services	<input type="checkbox"/> Telephone <input type="checkbox"/> Online <input type="checkbox"/> In-person meeting	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other	
	<input type="checkbox"/> No needs <input type="checkbox"/> Has needs	<input type="checkbox"/> Assistive device(s) <input type="checkbox"/> Learning assistance <input type="checkbox"/> Daily living assistance <input type="checkbox"/> Related support services	<input type="checkbox"/> Telephone <input type="checkbox"/> Online <input type="checkbox"/> In-person meeting	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other	
	<input type="checkbox"/> No needs <input type="checkbox"/> Has needs	<input type="checkbox"/> Assistive device(s) <input type="checkbox"/> Learning assistance <input type="checkbox"/> Daily living assistance <input type="checkbox"/> Related support services	<input type="checkbox"/> Telephone <input type="checkbox"/> Online <input type="checkbox"/> In-person meeting	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other	

		services			
	<input type="checkbox"/> No needs		<input type="checkbox"/> Telephone <input type="checkbox"/> Online <input type="checkbox"/> In-person meeting	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other	
	<input type="checkbox"/> Has needs	<input type="checkbox"/> Assistive device(s) <input type="checkbox"/> Learning assistance <input type="checkbox"/> Daily living assistance <input type="checkbox"/> Related support services			
	<input type="checkbox"/> No needs		<input type="checkbox"/> Telephone <input type="checkbox"/> Online <input type="checkbox"/> In-person meeting	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other	
	<input type="checkbox"/> Has needs	<input type="checkbox"/> Assistive device(s) <input type="checkbox"/> Learning assistance <input type="checkbox"/> Daily living assistance <input type="checkbox"/> Related support services			

Semester	Special Education Needs		Method	Supporting Unit	Case manager
	<input type="checkbox"/> No needs		<input type="checkbox"/> Telephone <input type="checkbox"/> Online <input type="checkbox"/> In-person meeting	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other	
	<input type="checkbox"/> Has needs	<input type="checkbox"/> Assistive device(s) <input type="checkbox"/> Learning assistance <input type="checkbox"/> Daily living assistance <input type="checkbox"/> Related support services			
	<input type="checkbox"/> No needs		<input type="checkbox"/> Telephone <input type="checkbox"/> Online <input type="checkbox"/> In-person meeting	<input type="checkbox"/> Department / graduate institute faculty member or instructor <input type="checkbox"/> Assistive device center <input type="checkbox"/> Administrative unit <input type="checkbox"/> Expert or scholar <input type="checkbox"/> Other	
	<input type="checkbox"/> Has needs	<input type="checkbox"/> Assistive device(s) <input type="checkbox"/> Learning assistance <input type="checkbox"/> Daily living assistance <input type="checkbox"/> Related support services			

V. Case Management and Counseling Records (to be filled out by the counselor)

Semester	Case Management and Counseling Records
	<input type="checkbox"/> Assessment of needs and provision of learning services <input type="checkbox"/> Social skills training <input type="checkbox"/> Request diagnosis <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Assistive device loan and maintenance <input type="checkbox"/> Exploratory or career transition counseling <input type="checkbox"/> Modifications to tests and evaluations <input type="checkbox"/> Other:
	<input type="checkbox"/> Assessment of needs and provision of learning services <input type="checkbox"/> Social skills training <input type="checkbox"/> Request diagnosis <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Assistive device loan and maintenance <input type="checkbox"/> Exploratory or career transition counseling <input type="checkbox"/> Modifications to tests and evaluations <input type="checkbox"/> Other:
	<input type="checkbox"/> Assessment of needs and provision of learning services <input type="checkbox"/> Social skills training <input type="checkbox"/> Request diagnosis <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Assistive device loan and maintenance <input type="checkbox"/> Exploratory or career transition counseling <input type="checkbox"/> Modifications to tests and evaluations <input type="checkbox"/> Other:
	<input type="checkbox"/> Assessment of needs and provision of learning services <input type="checkbox"/> Social skills training <input type="checkbox"/> Request diagnosis <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Assistive device loan and maintenance <input type="checkbox"/> Exploratory or career transition counseling <input type="checkbox"/> Modifications to tests and evaluations <input type="checkbox"/> Other:

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Semester	Case Management and Counseling Records
	<input type="checkbox"/> Assessment of needs and provision of learning services <input type="checkbox"/> Social skills training <input type="checkbox"/> Request diagnosis <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Assistive device loan and maintenance <input type="checkbox"/> Exploratory or career transition counseling <input type="checkbox"/> Modifications to tests and evaluations <input type="checkbox"/> Other:
	<input type="checkbox"/> Assessment of needs and provision of learning services <input type="checkbox"/> Social skills training <input type="checkbox"/> Request diagnosis <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Assistive device loan and maintenance <input type="checkbox"/> Exploratory or career transition counseling <input type="checkbox"/> Modifications to tests and evaluations <input type="checkbox"/> Other:
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