

Fall 2010 Documentation

Student Name _____

(Please print)

School District _____

AECHS Course Name _____ Instructor Name _____

Please sign below indicating that you have received a copy of the course syllabus for Fall 2010 and have been provided the link and access to the AECHS student handbook and policies at <http://se.sesc.k12.ar.us/ech.s>.

Student signature _____ Date _____

Please circle your answer to the questions below and then sign.

1. Are you a documented 504 student at your local school district?
Yes or No
2. Are you a documented 504 student at your post-secondary institution?
Yes or No
3. Do you agree to abide by the AECHS disability statement provided on your course syllabus? Yes or No*

**If you answer no, you will be removed from the AECHS course immediately.*

Student signature _____ Date _____

Facilitators: Please retain a copy of their form for your records and return the originals to the corresponding AECHS instructor at 1022 Scogin Drive, Monticello, AR 71655 no later than September 1. Student must complete a separate form for each AECHS class.