

Holy Name High School

Academic Adjustment Plan

To be eligible for an Academic Adjustment Plan at Holy Name High School, students with specific learning differences must be evaluated and diagnosed. Documentation needed at the time of registration (or before) are:

- a current evaluation by a medical professional (within 3 years)
- a current copy of the student's IEP, 504, ISP, or other academic service plan
- a Holy Name application for an academic adjustment plan.

Once documentation is provided, our academic support team will conduct a thorough examination in addition to dialogue with the student and their support team. The presence of a learning disability does not automatically guarantee academic accommodations. Holy Name will carefully review all relevant information related to the request for accommodation to determine if the learning disability has a significant impact in the student's performance. If a determination is made to support learning accommodations, Holy Name's Academic Support Team will create an academic adjustment plan that will specify the adjustments to match the individual needs for the student. A meeting will be held, and the plan will be shared with the parent, student, classroom teachers, and our academic support team. Some adjustments may not be applicable due to personnel and/or program limitations.

HN Academic Adjustments may include:	HN Academic Adjustments may not include:
<ul style="list-style-type: none">• Extended time on unit tests and exams• Separate setting for tests and exams.• Technology for notetaking• Facilitating sharing notes by students and/or copies of teachers' presentations• Executive coaching with our academic support team• Support period built into a student's schedule• Preferential seating	<ul style="list-style-type: none">• Modified curriculum• Modified assessments• Extended time on assignments• Specially designed instruction• Behavior modification plans

Teachers will implement and abide by adjustments determined by the academic support team. Teachers are not expected or required to provide adjustments beyond those identified in the new plan.

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Student Name:_____

Parent Name:_____

Email:_____ **Phone:**_____

Grade:_____ **Grade School:**_____

Type of plan that your student has: IEP_____ **504**_____

Description of current adjustments that your student has:

For Official Use Only:

_____ Medical Evaluation _____ IEP/504