



## SOUTH PLAINS COLLEGE

### Disability Services Dual Credit Counselor Form

Name of High School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

SPC Student ID: \_\_\_\_\_

SPC Student email: \_\_\_\_\_

High School Counselor: \_\_\_\_\_

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

SPC Course: \_\_\_\_\_

I, \_\_\_\_\_, (student's signature) have received and reviewed SPC's Letter(s) of Accommodation. I understand that I must make an appointment with my Instructor to present and discuss any approved accommodation(s).

I, \_\_\_\_\_, (High School Counselor) will assure that classroom accommodations approved by SPC are provided to the student throughout this semester on the High School campus.

Please return the original to:

South Plains College  
Disability Services Office  
1401 College Ave, Box 176  
Levelland, Texas 79336

10/9/2019