

Field Placement Accommodations Planning
(To be completed by student and DAS Advisor)

Student Name: _____
Last Name
First Name
Student ID Number

Term/Year: _____

Dates of Field Placement: _____

Type of field Placement (school, clinic, etc.) _____

Oregon State University Field Placement Coordinator

Department: _____

First Name
Last Name
Phone Number
Email Address

Student should complete the portion below while meeting with their DAS Advisor:

Type of Accommodations	Please explain
FM System or other assistive listening device	
Sign Language Interpreter/Transcriber	
Other Communication Assistance (please specify)	
Special Furnishings in the workplace	
Captioning	

Assistive Technology	
Printed materials in an alternate format (please specify)	
Flexible scheduling	
Other	
Other	
Other	
Other	
Other	
Other	

Example Only