

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	