

Proposed Plan for Auxiliary Aids & Services

Student Name	
School	
Contact Person	
Address	
City, State, Zip	
Tax ID #	

Period Covered	
KRS Counselor	
Office Location	
KRS Phone	

Class Schedule	Name of Class	Number of Credits	Classroom hours per week

Sign Language Interpreter ¹	Class #	Total hours per semester/term	Hourly Rate	KRS Share	IHE Share
Subtotal					

Proposed Plan for Auxiliary Aids & Services

Notetaker ¹	Class #	Total hours per semester/term	Hourly Rate	KRS Share	IHE Share
Subtotal					

Readers ¹	Class #	Total hours per semester/term	Hourly Rate	KRS Share	IHE Share
Subtotal					

Tutors ¹	Class #	Total hours per semester/term	Hourly Rate	KRS Share	IHE Share
Subtotal					

Proposed Plan for Auxiliary Aids & Services

Interpreting for Tutors ¹	Class #	Total hours per semester/term	Hourly Rate	KRS Share	IHE Share
Subtotal					

Other ²	Class #	Total hours per semester/term	Hourly Rate	KRS Share	IHE Share
Audio Books					
Braille					
Real Time Captioning					
Subtotal					
Grand Total					

Signature of School Representative

Phone Number

Date

I agree with this plan for auxiliary aids and services.

Signature of Student

Date

I concur that this plan meets the student's accommodation needs and is consistent with the IPE. A prior authorization form is enclosed.

Signature of KRS Counselor

Date

¹ THE KRS SHARE IS THE LESSER OF 25% OF RATE OR 40% OF KRS MAXIMUM PUBLISHED RATE.

² THE KRS SHARE IS 25% OF RATE