

Disability Support Services Follow-Up Checklist

Student Information

Name:

Student ID:

Date:

Checklist

- ☐ Discussed recent academic progress
- ☐ Reviewed current accommodations
- ☐ Assessed any new or changing needs
- ☐ Provided updated resources or referrals
- ☐ Scheduled next follow-up meeting
- ☐ Other (specify in notes)

Notes

Staff Signature

Name:

Date: