Flexible Direct Instruction (FDI) Checklist

This form should be completed by the academic advisor/counselor working with the student. Please note that a separate form is required for each course for which FDI is requested.

Student Name: 
Year Level:   Major:
Communication Style: 
  o Oral, no sign, requires audition 
  o Oral, some sign 
  o Sim Com 
  o ASL 
Counselor Name: 
Date: 

List accommodations, if any, from Disability Service Office:
  o Yes 
  o No 

Details of accommodations: 

Course Name/Number/Section: 
Instructor: 
Days/Times/Room #: 

Department Chair for this course: 

Meeting between student and instructor and/or chairperson 

Date: 

List of student concerns: 

List of alternative strategies discussed: 

Meeting between student and academic advisor/counselor 

Date: 

List of student concerns: 
List of alternative strategies discussed:

Having considered all other available strategies _________________________ requests:

  o Voice interpreter
  o C-print captionist (with voice interpreter)
  o ASL interpreter
  o Note taker
  o Scribe
  o Technology services needed:
  o Other services needed:

Check off for Student’s Program Chair

Form/s to Dr. Katie Schmitz, LBJ/2825

Review Panel determination

☐ Insufficient information on which to act (form returned) [DATE]
☐ Insufficient exploration of possible options (modifying existing course or teaching strategies, etc.)
☐ Change instructor or class
☐ Defer course until next semester
☐ Grant access services requested
☐ Other

Action plan

12/4/15