

Course Substitution Report, Form CSR-01

Please list the number of students who received course substitutions as well as the required course(s), substitution(s) provided, and discipline area (e.g., mathematics) by disability type beginning with the fall semester of the preceding academic year. Please include the prefix, course number, and course name (e.g., ENC 1101 Composition I). Add rows if necessary. Please indicate "0" for the number of students if no substitutions were granted.

Disability	Number of Students	Required Course(s) (prefix, number, and title)	Substituted Course(s) (prefix, number, and title)	Discipline Area
Deaf/Hard of Hearing				
Visual Impairment				
Specific Learning Disability				
Orthopedic Impairment				
Speech/Language Impairment				
Emotional or Behavioral Disability				
Autism Spectrum Disorder				
Traumatic Brain Injury				
Intellectual Disability				
Other Health Impairment				

How many requests for course substitutions were made, and how many substitutions were granted during the preceding academic year? (Please list the number of requests per semester starting with the fall semester.) Please indicate "0" if no substitutions were requested or granted.

Semester	Number of Substitutions Requested	Number of Substitutions Granted
Fall		
Spring		
Summer		
Total		