

**STEP Agreement
Eastern Illinois University**

Name _____ E# _____ EIU Email _____

Home Address _____

City, State, ZIP _____

Student Phone _____ Parent Phone _____ Parent Email _____

The terms listed below are designated for students admitted to Eastern Illinois University and enrolled in STEP. These terms are designed to enhance a STEP student's academic success.

TERMS OF AGREEMENT

By signing this agreement, I understand that I must adhere to my individualized STEP plan developed by my STEP team in order to remain eligible for participation in the Eastern Illinois University STEP.

Components of the individual plan may include activities such as

- Attend Autism Center support group sessions
- Attend academic study tables
- Attend peer mentoring sessions
- Attend all classes
- Attend individual academic appointment
- Participate in selected social group activities

STEP students are subject to the same standards for academic warning, probation, and dismissal as all other EIU students.

STEP reserves the right to change, add to, modify or eliminate any of the above terms.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Return agreement and payment to:

STEP
Eastern Illinois University
Department of Communication Disorders and Sciences
600 Lincoln Avenue
Charleston, IL 61920

Payments for the semester fee of \$3,000.00 may be made in the form of check or credit card. Please contact the STEP office to make a credit card payment at (217)-581-2712.

