

Santa Ana College

DISABLED STUDENTS PROGRAM AND SERVICES (DSPS) APPLICATION

DSPS Overview:

The Mission of Disabled Student Program and Services (DSPS) at Santa Ana College is to provide equal access to educational opportunities for students with disabilities. Individualized services include assessment, identification and delivery of accommodation/services and guidance.

Name: _____ Male Female

Student ID#: _____ Birth Date: _____

Cell Phone: _____ Video Phone: _____

Can a voice message be left? Yes No Can a text message be left? Yes No

Address: _____

City: _____ State: _____ Zip _____

Email: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

The following questions are designed to help us evaluate your needs for reasonable accommodations.
Verification of disability must be on file in order to receive DSPS services (providing personal information is strictly voluntary)

- How did you hear about our program?
 self-referred course syllabus college publication
 instructor/counselor: _____ other: _____
- Have you previously received disability services? Yes No _____

- What kind of assistance/accommodations have you received in the past? _____

- If known, what is your disability? _____
- How does your disability affect your learning? _____

- What kind of help are you requesting? _____

- Are you taking any medication(s) that may affect your learning? Yes No
If so, for what condition(s)?: _____
- Are there any additional obstacles that may impact your education? _____

~CONTINUE ON REVERSE SIDE~

9. What is your educational goal? High School Diploma Certificate Associate degree
 University transfer Undecided Other: _____

What is your major/area of interest? _____

10. List any previous college or universities that you have attended: _____

Degree: _____ # of units: _____

11. Are you a client of the Department of Rehabilitation? Yes No

Counselor's name: _____ Office location: _____

12. Are you a client of the Regional Center? Yes No

Counselor's name: _____ Office location: _____

13. Are you a veteran? Yes No

14. Are you a client of the VA Vocational Rehabilitation & Employment (VR&E) Program? Yes No

Counselor's name: _____ Office location: _____

15. What language do you use at school: _____ at home: _____ with friends: _____

16. Do you use any of the following hearing equipment/services?

- hearing aid(s) (L) (R) (both ears) cochlear implant
 interpreting services captioning services assistive listening device

17. If you are not registered to vote where you live now, would you like to apply to register to vote?

- Yes – Please fill out the voter registration form (provided upon request) No

Student Responsibilities:

1. I will provide Disabled Students Programs & Services (DSPS) with the information, documentation and/or forms (medical, educational, etc.) necessary by DSPS to verify my disability(ies).
2. I will meet with a DSPS professional to complete an Academic Accommodation Plan and agree to meet with the professional at least once a year to update my Academic Accommodation Plan.
3. I will utilize DSPS in a responsible manner. I understand that I am required to follow the DSPS Student Rights and Responsibilities Contract.
4. I will comply with the Student Code of Conduct adopted by the college.

I further give permission for DSPS professionals to discuss my educational requirements with other professionals at Santa Ana College who have a legitimate educational need to know. This authorization shall remain in effect during my enrollment until revoked by me in writing and signed by a DSPS professional. I understand that once I am eligible for services, I will be notified in writing before any action is taken to suspend services. By signing this application, I affirm that I understand and agree to follow DSPS program responsibilities of students.

Student Signature: _____ **Date:** _____

The Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSPS) Program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.