Santa Ana College

Disabled Students Program and Services (DSPS) Application

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: _____ SAC Student ID#: _____

Birth Date: _____ Gender: ☐ Male ☐ Female ☐ Decline to State

Cell Phone: _____ May voice messages be left? ☐ Yes ☐ No

Email: _____ Video Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

How did you hear about our program? ☐ self-referred ☐ course syllabus ☐ college website/publication

☐ instructor/counselor: _____ ☐ other: _____

The following questions help us evaluate your need for reasonable accommodations. Please answer them to the best of your ability.

1. If known, what is your disability? _____
2. How does your disability affect your learning? _____
3. Have you previously received disability services? ☐ Yes ☐ No

   If so, what support/accommodations have you received? _____

   _____
4. What support/accommodations are you requesting at SAC? _____

   _____
5. Are you taking any medication(s) that may affect your learning? ☐ Yes ☐ No

   If so, please describe: _____
6. Do you use any of the following hearing equipment/services?

   ☐ hearing aid(s) ☐ assistive listening device ☐ ASL interpreting ☐ real-time captioning ☐ cochlear implant
7. Are there any additional obstacles that may impact your education? _____

   _____

~CONTINUE ON REVERSE SIDE~

8. What is your educational goal? ☐ High School Diploma ☐ Certificate ☐ Associate's degree

☐ Bachelor's degree ☐ University transfer ☐ Undecided ☐ Other: _____

9. What is your major/area of interest? _____

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

Degree(s): _____ # 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. Language spoken at school: _____ at home: _____ with friends: _____

16. 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 or request a paper copy from DSPS) ☐ No

Student Responsibilities

Once you submit this completed Application along with your disability documentation (medical, educational, etc.) to DSPS, you agree to meet with a DSPS professional who will evaluate your support needs, prepare an individualized Academic Accommodation Plan, discuss procedures for implementing accommodations, and answer any support-related questions.

By signing this Application, you grant 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.

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.