

Santa Ana College
DISABLED STUDENTS PROGRAM & SERVICES (DSPS)
APPLICATION FOR SERVICES

DSPS Overview:

DSPS provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at Santa Ana College. A variety of programs and services are available which afford eligible students with disabilities the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations. Completion of this form constitutes an agreement to apply for Disabled Students Program & Services (DSPS).

Name: _____ **Student ID:** _____
LAST FIRST

Date: _____ **Cell Phone:** _____

Birth Date: _____ **Age:** _____ **Home Phone:** _____

Address: _____ **Can a detailed message be left?** Yes No

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

*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~*

1. How did you hear about our program? instructor/counselor self-referred
 course syllabus college publication other _____
 2. If known, what is your disability? _____
 3. What educational difficulties do you experience because of your disability? _____

 4. What kind of help or support are you requesting? _____

 5. If applicable, what kind of assistance/accommodations have you received from school in the past?

 6. Are you taking any medication(s) that may affect your learning? Yes No
 If so, for what condition(s): _____
 7. What is your educational goal? Certificate Associate degree University transfer
 High school diploma Basic Skills Personal Development Undecided
- What is your major/area of interest? _____

8. Please list any previous college or university? _____ degree/# of units _____

9. Are you a client of the Department of Rehabilitation? Yes No counselor's name: _____

10. Are you a veteran? Yes No

11. Would you like information/assistance on Voter Registration? Yes No

Student Responsibilities:

1. I will provide Disabled Students Program & Services (DSPS) with the information, documentation and/or forms (medical, educational, etc) deemed necessary by DSPS to verify my disability(ies).
2. I will meet with a DSPS professional to complete a Student Educational Contract and agree to meet with the professional at least annually to update the Student Educational Contract.
3. I will utilize the DSPS in a responsible manner. I understand that DSPS uses written service provision policies and procedures that must be adhered to for continuation of services.
4. I will comply with the Student Code of Conduct adopted by the college.

I understand that I must fulfill requirements for participation in the DSPS program. If I am eligible for services, I will receive printed information on DSPS service provision policies, and I understand there are consequences of failing to comply with the rules for responsible use of DSPS services. I understand that 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.

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 my DSPS specialist.

Student Signature: _____ **Date:** _____

Parent Signature (if under 18): _____ **Date:** _____

Witness: _____

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 Program 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.

FOR OFFICE USE ONLY

Student will obtain _____ records Date consent for release sent: _____