

YUBA COLLEGE
DISABLED STUDENTS PROGRAMS AND SERVICES (DSPS)
Application for Services

Name _____ Student ID# _____
Date of Birth _____ Email _____
Preferred Phone _____ Other Phone _____
Address _____

Disabled Students Programs & Services (DSPS) provides educational services and access for students with documented physical, communication and psychological disabilities, acquired brain injuries, and those with Learning Disabilities who intend to pursue course work at Yuba College. A variety of programs and services are available which afford students with disabilities the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations. DSPS services provide a dual functional of educating and empowering students toward a realization of their full potential.

By completing this form, I am applying for Disabled Students Programs & Services:

CURRENT ENROLLMENT:

[] Yes, #units _____ [] No, when? _____ Major _____
Educational and/or Career Goal _____
Prior college experience _____

DESCRIPTION OF YOUR DISABILITY: _____

Your age when the disability first occurred _____

How do you believe that your disability impacts your educational participation? _____

STUDENT RIGHTS

1. My participation in the Disabled Students Programs and Services (DSPS) shall be entirely voluntary.
2. Receiving support services or instruction through DSPS shall not preclude me from also participating in any other course, program or activity offered by the college or from receiving basic accommodations required by state and federal law.
3. All records maintained by DSPS personnel pertaining to my disability(s) shall be protected from disclosure and shall be subject to all other requirements pertaining to the handling of student records. (Note: Authorities cited: Title 5 C.C.R. Section 56000)
4. I may file an appeal if I believe I have been discriminated against on the basis of disability, or believe there have been allegations that have denied me adequate or appropriate accommodations.

STUDENT RESPONSIBILITIES

1. I will provide DSPS with the necessary information, documentation and/or forms as required (medical, educational, etc.) verifying my disability.
2. I will meet with a DSPS professional to complete a Student Educational Contract (SEC), and then meet with the professional at least annually (once per semester preferred) to update the SEC.
3. I will use DSPS in a responsible manner.
4. I will comply with the Student Code of Conduct adopted by the College.
5. I must demonstrate measurable progress toward the goals established in my SEC.

I understand and agree to the above Student Rights and Responsibilities and I will abide by them. I give permission for the DSP&S staff to discuss my educational situation with other professionals who have a legitimate educational need to know. I understand that I can access DSPS Policies and Procedures on the website or by requesting a hard copy.

STUDENT SIGNATURE _____

DATE _____

****FOR OFFICE USE ONLY****

CLIENT OF...

Department of Rehabilitation No Yes Counselor's Name _____
Alta California Regional Center No Yes Service Coordinator _____
Social Security (SSI/SSD) No Yes Reason _____
Other _____ No Yes Service Coordinator _____

RECEIVING STUDENT SUPPORT SERVICES FROM:

Financial Aid EOP&S CalWORKS C.A.R.E
 W.I.A. Veterans Services College Success Center Writing Center
 Other _____

ADDITIONAL HEALTH INFORMATION:

Diagnosed with vision problems No Yes (Describe) _____
Corrective lenses? _____ Date of last eye exam _____
Diagnosed with hearing problems No Yes (Describe) _____
Hospitalized for a major head injury No Yes Unconscious? Yes No How Long? _____
Describe: _____

DIAGNOSES & RELATED HISTORY:

Learning Disabilities No Yes If yes, where and when? _____
ADD/ADHD No Yes If yes, where and when? _____
Physical Disability or Injury No Yes Disability/injury? _____
Psychological Disability No Yes Diagnosis _____
History of Substance Abuse No Yes Time sober/clean _____ years _____ months
In individual/group counseling No Yes Therapist _____
Medication(s) for disability No Yes Current Medications _____

Medicine side effects _____

SPECIAL EDUCATION HISTORY:

Special Education or remedial classes in school? No Yes
 Resource (RSP) Learning Center Special Day Class Speech Other _____
Timeframe of SPED services received: _____
Any family members with learning problems? No Yes _____

Describe any current family or personal situations (positive/negative) which are impacting the student's education at this time:

NOTES: _____

