

Yuba College
Disabled Students Programs and Services (DSPS)
Student Intake Application

Name _____ Student ID# _____

Date of Birth _____ Phone _____

Do you have an advocate? ☐ No ☐ Yes Advocate Name/Agency _____

Are you under conservatorship? ☐ No ☐ Yes If yes, please provide a copy of the conservatorship.

CURRENT ENROLLMENT:

☐ Yes, #units _____ ☐ No, when? _____ Major/Area of Interest _____

Educational and/or Career Goal _____

Prior college experience _____

Student Services Received: ☐ Financial Aid ☐ EOP&S ☐ CalWORKs ☐ Veterans ☐ C.A.R.E

DESCRIPTION OF YOUR DISABILITY: _____

Your age when the disability first occurred? _____

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

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: _____

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 _____

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

Notes: _____

By completing this form, I am applying for Yuba College Disabled Students Programs and Services.

STUDENT SIGNATURE _____ DATE _____

STAFF SIGNATURE _____ DATE _____