

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 _____