

FOR OFFICE USE ONLY

Appointment with: _____ Date: _____ Time: _____

West Hills Community College District

DISABLED STUDENTS PROGRAMS & SERVICES (DSPS) APPLICATION FOR SERVICES

Location: Coalinga Lemoore North District Center Kings Rehabilitation Center

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

Date: _____ **Cell Phone:** _____

Birthdate: _____ **Age:** _____ **Home Phone:** _____

Address: _____ **Email:** _____ @my.whccd.edu

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

*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.*

1. **How did you hear about our program?** Instructor/Counselor Self-referred
 Course Syllabus College Publication Other _____

2. **What educational difficulties do you experience because of your disability?** _____

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

4. **Have you been previously assessed for disability services?** Yes No

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

IEP 504 plan RSP Special Day Class

Other _____

~CONTINUE ON REVERSE SIDE~

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

9. Are you a client of Central Valley Regional Center? Yes No Case Manager's name: _____

10. Are you a Veteran? Yes No

Student Responsibilities:

1. I will provide Disabled Students Programs & Services (DSPS) with the information, documentation and/or forms (medical, educational, etc.) deemed necessary by DSPS to verify my disability(s).
2. I will meet with a DSPS professional to complete an Academic Accommodation Plan and agree to meet with the professional to update the Academic Accommodation Plan.
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 WHCCD 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: _____

DSPS Faculty: _____