Welcome to Saddleback College. Unfortunately you have missed the opportunity to participate within our College Advantage Program (CAP) – formerly Ride the Wave, a transition program designed especially for graduating high school seniors with disabilities. However, we are very much committed to assisting you in coming to Saddleback College and have developed a “late CAP Packet” for you to complete. It may not be possible for all incoming students at this point to receive all of the individual accommodations and counseling appointments needed prior to the start of the fall 2015 semester; however, completion of the late CAP Packet will assist in making this a smooth transition.

To begin your journey, we have the necessary DSPS enrollment documents posted on our website at www.saddleback.edu/dsps/. Please review the CAP link on the left hand side. Please follow the CHECKLIST and ALERT letter carefully! Be sure to complete ALL of the required documentation in the packet. Incomplete packets will not be accepted.

Transitioning high school students as well as all other applying students will be seen in the order that documents are received. Once you have turned in all completed documentation, you will be notified via EMAIL by our DSPS Specialist with instructions to enroll ONLINE in “SPS 300, Educational Assessment and Planning” for the SUMMER 2015 semester. SPS 300 does not meet as a group class at a specified time. Rather, you may have individual appointments to discuss your educational goals and the services and accommodations you may need in order to achieve those goals. For some, updated testing and/or medical documentation may be required.

Please complete ALL documentation and return to:
Saddleback College DSPS: LD Center
Attn: The College Advantage Program (CAP)
Student Services Center #224
28000 Marguerite Parkway
Mission Viejo, CA  92692

If you have any questions regarding these forms, please view our DSPS website. If you do not have access to the internet, please contact Darline Guillen, DSPS Specialist at (949) 582-4246 for further assistance. We look forward to your participation in The College Advantage Program (CAP).

Sincerely,

Kim d’Arcy, PsyD, Ardith Lynch, MS
Learning Disabilities Specialist Coordinator DSPS/Counselor
CAP Coordinator

SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT BOARD OF TRUSTEES
Dr. William O. Jay, David B. Lang, Dr. Frank M. Meldau, Marcia Milchiker, Nancy M. Padberg, T.J. Prendergast, III, Dr. James R. Wright
Gary L. Poertner, Chancellor
SADDLEBACK COLLEGE: Dr. Tod A. Burnett, President
An Equal Opportunity Employer
Due to changes in state law, **PRIORITY REGISTRATION** for incoming freshman students has changed...

All incoming freshman students are required to complete the matriculation process in order to register for courses. Given the limited time to process your late CAP packet, we strongly encourage you to move forward with the matriculation process as outlined below.

**STEP 1:** New Student Online Orientation  
[http://www.saddleback.edu/matriculation](http://www.saddleback.edu/matriculation)

**STEP 2:** Placement Testing [http://www.saddleback.edu/matriculation](http://www.saddleback.edu/matriculation)  
**Option 1**—take placement testing through the general Matriculation Office at any time—**no accommodations and a large group setting**. This option may allow for you to complete the matriculation process in time for registration.

**Option 2**—take placement testing with accommodations through DSPS (only after an appointment with DSPS LD Specialist/Counselor). Please note, due to late receipt of your packet placement testing with accommodations may delay your ability to register.

**STEP 3:** Online Advisement / First Semester Ed Plan (MAP)  
[http://www.saddleback.edu/matriculation](http://www.saddleback.edu/matriculation)
College Advantage Program (CAP):
A Transition Program for High School Seniors with Disabilities (formerly Ride the Wave)

LATE PACKET CHECKLIST
Please use this checklist to ensure that you have turned in all items necessary for your application to Saddleback College, Disabled Student Programs & Services (DSPS), and for registration in SPS 300/Educational Assessment and Planning.

The packet can be found online at www.saddleback.edu/dsps/

☐ Application to Saddleback College online at www.Saddleback.edu under Apply Now

You will receive your Saddleback Student ID number via email within 24 hours of completing your online application. Please note – you will be registering for Summer 2015, which may allow us to have appointments with you prior to the fall 2015 semester.

☐ Enrollment Card + health fee ($19 – make check payable to Saddleback College)

☐ DSPS Application for Services with Student ID number filled out

☐ Saddleback College “College Advantage Program (CAP)” Questionnaire

☐ Permission to release information to Saddleback College

☐ Learning Disability Services Consent Form AND Intake Questionnaire

☐ High School Transcripts

☐ Medical Verification of Disability – First page portion to be completed by student, second page to be completed by Health Care Provider and returned to Saddleback. Medical verification is required for physical, sensory (vision and hearing), and other disabilities such as (but not limited to) ADHD, Autism Spectrum Disorders. Please see the Guidelines for Verification of Disability.

☐ Students will be notified via EMAIL with instructions to enroll online in “SPS 300, Educational Assessment and Planning.” Please check your emails frequently.

☐ Review FAQs and initial

Please complete ALL documentation and return to:
Saddleback College DSPS: LD Center
Attn: The College Advantage Program (CAP)
Student Services Center #224
28000 Marguerite Parkway
Mission Viejo, CA  92692

Please note: Packets received may not be processed in time for priority registration for fall 2015.
Saddleback College Disabled Students Programs & Services (DSPS)

College Advantage Program (CAP):
A Transition Program for High School Seniors with Disabilities (formerly Ride the Wave)

Please complete the Enrollment Card below with your Name, Student ID # and Signature. We will fill in the ticket number once received.

ENROLLMENT CARD

NAME

LAST  FIRST  MIDDLE

STUDENT ID NO. _____________________

X   SUMMER 2015

ADD CLASS(ES)

TICKET NO.     APC     COURSE TITLE / NO.

________     ________     __________________________

SPS 300

________     ________     __________________________

________     ________     __________________________

DROP CLASS(ES)

TICKET NO.     COURSE TITLE / NO.

________     __________________________

________     __________________________

________     __________________________

STUDENT’S SIGNATURE

________________________________________________________________________________

Submit this form along with your “Late “CAP packet!
If you have any questions, please call (949) 582-4246
Saddleback College provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at Saddleback 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 DSPS.

Today’s date: _________________________________________________

Student ID#: ___________________________ *Social Security Number: _______________________

Name: ____________________________________________________________________________

LAST FIRST M.I.

Home phone #: _____________________________  Cell phone # _____________________________

May we leave a confidential message at this number?  Home #: Yes or No  Cell #: Yes or No  (Please circle)

Address: __________________________________________________________________________

NO. STREET CITY STATE ZIP

Email address: ___________________________________________________________________

Birthdate: _______________________________ ( MM / DD / YY )

Emergency contact: __________________________ Telephone #: ___________________________

Disabilities/Health/Learning problems:___________________________________________________

___________________________________________________________________________________

What services do you wish to receive?___________________________________________________

___________________________________________________________________________________

Do you have a Dept. of Rehabilitation counselor?  Yes_____ No_____

Name of Dept. of Rehabilitation counselor: _______________________________________________

Please call me when I have an appointment in DSPS:  Yes_____ No_____

**Student Responsibilities:**

1. I will provide DSPS with the information, documentation and/or forms (educational, psychological, medical, 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 a DSPS counselor or specialist at least annually to update the Student Educational Contract.

3. I will utilize 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. (See www.saddleback.edu/media/pdf/handbook.pdf)

I understand that I must fulfill the requirements for participation in DSPS. I have received a copy or been given the DSPS web page address to obtain the DSPS student handbook and policy on suspension of services. I understand the consequences of failing to comply with the rules for responsible use of these 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 with the Student Responsibilities, and I will abide by them (see www.saddleback.edu/dsps).

__________________________  ___________________________
STUDENT SIGNATURE DATE

* 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 Community College District uses the information requested on this form for the purpose of determining a student’s eligibility to receive authorized services provided by the Disabled Student Programs & 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)). 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.
Saddleback College Disabled Students Programs & Services (DSPS)

College Advantage Program (CAP):
A Transition Program for High School Seniors with Disabilities (formerly Ride the Wave)

HIGH SCHOOL SPECIAL EDUCATION STAFF
This questionnaire is to be completed by a member of the High School Special Education staff familiar with the student applying to DSPS at Saddleback College.

Student Name:__________________________________Birthdate_________________________

Name of High School_____________________________________________________________

Date of Last Triennial Review____________________________________________________

Name of Special Education Case Manager__________________________________________

Is anyone else (other than Dept. of Rehab.) involved in support services (such as Adult Transition Program or low vision services) important to this student?    ☐Yes    ☐No
If yes, please specify:
Name_______________________________________Title______________________________
______________________________________________________________________________

• Please check all applicable disability determination categories for this student:

  ☐ Specific Learning Disability ☐ Speech Language Impaired
  ☐ Autism ☐ Limited Intellectual Functioning
  ☐ Orthopedically Impaired ☐ Visually Impaired
  ☐ Emotionally Disturbed ☐ Other Health Impairment
  ☐ 504 only (please specify basis for this eligibility) _____________________________

DOCUMENTATION: This is the most critical item of all. Timely receipt of this documentation will ensure timely delivery of services and accommodations to the student.

• Please enclose a copy of supporting documentation used for determination of disability. For example audiogram, medical report, etc. Please send the most recent source(s) of information.

• If any report such as a psychological/psychoeducational evaluation, speech language report, achievement testing by special education teacher, is available, no matter what the disability determination, please enclose most recent information. Please also include Compuscore profiles if available.

• IEP’s alone are NOT sufficient.

Name and Title of person completing this form____________________________________
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, ____________________________, hereby authorize the release and exchange of confidential educational, vocational, medical and psychological information between Saddleback College Disabled Students Programs & Services (DSPS) and the below individual/agency.

Name: __________________________________________________________

Address: __________________________________________________________

Phone: ___________________________ FAX: ___________________________

Email: ____________________________________________________________

Diagnosis of disability must be signed by a professional who is licensed to diagnose the pertinent condition/disability.

I authorize release of the following records:

_______ DSM IV/V diagnosis and/or psychological testing and evaluation results

_______ Psycho-Educational Assessment and/or documentation of learning disability: most recent cognitive and achievement standard scores (i.e. WAIS-IV, WJ)

_______ College LD verification and assessment results

_______ Verification of hearing, vision or physical disability or medical condition

_______ Speech and language assessments/reports

_______ Vocational rehabilitation plan

_______ Regional Center CDER (Client Development and Evaluation Report)

_______ Accommodations & verification of disability

_______ Any of the above

_______ Other ____________________________

_____ Please send documentation to Saddleback College DSPS

_____ Please send documentation to individual/agency

Student Signature: ________________________________________________________ Date: ____________________________

Student ID #: _____________________________ DOB: ___________________________ Phone Number #: ____________________________

Parent/Conservator Signature _____________________________ Date ____________________________

(If student is under 18 years of age or has a Conservator)

The information requested on this form is for the purpose of determining a student’s eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSPS). 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.

This authorization (release) may be revoked at any time upon a written statement from the student and placed in the student’s Special Services file. A photocopy of this document is as valid as the original. This authorization shall be limited to the Individual(s) and/or organizations named above.
CONSENT FORM

The Chancellor's Office of the California Community Colleges is committed to protecting the rights of persons who are assessed for learning disabilities (LD) eligibility. The information below is provided so that you can decide whether to participate in the LD eligibility assessment.

You are being asked to complete several assessment instruments that will help in determining your eligibility for learning disabilities services through Disabled Student Services Learning Disabilities Programs. The assessments might include tests of ability, achievement, learning skills, and surveys.

The results of these tests are **strictly confidential**. The scores are used in the determination of LD eligibility and in the development of appropriate educational programs. The scores may be maintained in computer files in addition to the test booklet. Descriptive information and test scores may be used in research projects approved by the Chancellor's Office. To ensure your privacy, this information will not be personally identifiable.

If you have any questions, ask for clarification. In addition, if you believe that the assessment or eligibility determination is invalid, you may challenge the results through a petition process.

The Information Practices Act of 1977 (Civil Code Sections 1798, et seq.) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. The Community College District and the State of California use information requested on this form for the sole purpose of identifying the student authorized to receive special services. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be transferred to other state and public agencies; however, disclosure to these parties is done in strict accordance with current statutes regarding confidentiality. Providing personal information is strictly voluntary.

Limits to confidentiality include threats to harm self, others, or cases of child abuse or elder abuse. As mandated reporters, we are required to report incidences where individuals are in harm's way.

By signing this consent form you agree to participate in the assessment activities described above and acknowledge the use of the information as described.

I understand this information and agree to complete the assessment to determine eligibility for learning disabilities services.

_____YES    _____NO

Print Name ___________________________ ID# ___________________________

Signature ___________________________ Date ___________________________
INTAKE INTERVIEW
LEARNING DISABILITIES SERVICES

STUDENTS: The Chancellor’s Office of the community college system is required to gather and maintain certain student information. This information is the ethnicity, gender, age, and disability status of students requesting services through the disabled student services program.

Providing this information is strictly voluntary for you. However, the college is required to complete each item since this form is the only means which the college has for gathering the required information. For this reason, we ask your assistance in completing the form.

DESCRIPTIVE INFORMATION

Name (Print) __________________________ Date ______________________
Address ______________________________ Contact Phone ________________
City _________________________________ Zip __________________________

Can you be contacted at work? □ Yes □ No Work Phone______________________

Gender ______ Date of Birth _____________ Age ______ Place of Birth ____________

1. How do you describe yourself and your mother/guardian? (Please check one for each category.)

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Mother/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>American Indian / Alaskan Native</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Asian American and / or Pacific Islander</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>White Non-Hispanic</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Multi-Ethnicity</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Unknown or Decline to state...</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

REFERRAL INFORMATION

2. Who referred you to our program and why? ____________________________________________

(Name)                    (Agency)                    (Reason)

3. Why do you want to be evaluated for learning disabilities eligibility? __________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
4. In what academic areas have you experienced difficulty? (Check all that apply)

- Reading/reading rate
- Math
- Writing skills/spelling
- Study skills
- Following along/taking notes during lecture
- Retaining information
- Completing assignments on time
- Taking tests
- Motivation/self-confidence in school

5. List the highest level English and Math courses you have completed (including high school if appropriate.)

<table>
<thead>
<tr>
<th>Class</th>
<th>Level (e.g., remedial, AA/AS, transfer)</th>
<th>Grade Received</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>English:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Have you ever had difficulties with any of the following:
   a. attention? □ Yes □ No
   b. concentration? □ Yes □ No
   c. hyperactivity? □ Yes □ No
   • If yes, describe difficulties during each of the following:
     a. study time
     b. lecture
     c. tests

7. Have you ever been evaluated for Attention Deficit (Hyperactivity) Disorder (ADHD)? □ Yes □ No
   • If yes, when and by whom?
   What were the results?

8. Are or were you a client of the Department of Rehabilitation? □ Yes □ No
   • If yes, please identify:
     a. What is your disability according to Dept. of Rehab.? ___________________________
     b. Rehabilitation counselor’s name ___________________________ Phone ____________
     c. What is your rehabilitation plan? __________________________

9. Are or were you a client of the Regional Center? □ Yes □ No
   • If yes, what is the name of your case worker? __________________________

10. Are or were you receiving services from any of the following? (Check all that apply.)
    _____ DSP&S  _____ EOPS  _____ CalWorks  _____ Financial Aid
    _____ SSDI  _____ Veteran  _____ Other: __________________________

DEVELOPMENTAL HISTORY

11. Were there any medical or developmental problems before or after your birth or during the birth process? □ Yes □ No
    • If yes, explain ___________________________________________________________________

12. To your knowledge, was there anything unusual about your early development, e.g., delayed speech; late
crawling or walking; problems using scissors, printing, or writing? □ Yes □ No
    • If yes, explain ___________________________________________________________________
13. Did your family provide a stimulating environment in terms of each of the following:
   a. frequent exposure to spoken language, did people talk at home
      □ Yes □ No
   b. availability of books, magazines, or other print materials
      □ Yes □ No
   c. enrichment experiences (e.g., museums, libraries, theatre, etc.)
      □ Yes □ No
   • Please explain

FAMILY HISTORY
14. Does anyone in your family have learning issues?
   □ Yes □ No
   • If yes, describe

15. Does anyone in your family have any other type of disability (e.g., physical, emotional, vision or hearing loss)?
   □ Yes □ No
   • If yes, describe

16. Describe any family and/or personal issues which you feel have affected your learning/education in the past.

17. Describe any current family, living situation, and/or personal issues which are impacting your learning/education at this time.

EDUCATIONAL INFORMATION
18. As far as you can recall, when did you first start having problems in school?

19. Did you frequently change schools within elementary or secondary school?
   □ Yes □ No
   • If yes, explain:

20. Were you retained in school (i.e., held back to repeat a grade) or was it suggested?
    □ Yes □ No
    • If yes, what grade(s) and why?

21. Were you ever tested or referred for eligibility in special education prior to college?
    □ Yes □ No
    • If yes, when and why?
22. Have you ever been in special education, remedial, or gifted classes? □ Yes □ No
   • If yes, what type of classes? (Check all that apply.)
     ______ Special Day Class (SDC)  ______ Resource Program (RSP)  ______ Remedial Class
     ______ Speech and Language Services  ______ Gifted  ______ Other
   • If you were in special education or remedial classes, in what high school classes were you
     mainstreamed? ____________________________________________________________

23. Did you drop out of school between kindergarten and 12th grade? □ Yes □ No
   • If yes, please answer the following questions:
     a. in what grade(s)? _____ For what reasons? __________________________________

24. Are you a high school graduate? □ Yes □ No
   • If yes, a. list name and location of high school: ________________________________
   b. date of graduation: _______________________________________________________
   c. sections of CAHSEE passed and number of times taken: _______________________
   • If no, did you complete a GED? □ Yes □ No
     If yes, when? _____________________________________________________________

25. Have you attended any other college or university? □ Yes □ No
   • If yes, where? ____________________________________________________________
   • If yes, are your transcripts on file for review? ________________________________

26. For how many semesters/quarters have you attended college? ______________________

27. How many units have you earned? _____________________________________________

28. In how many units (hours) are you currently enrolled? ___________ Units (hours)

29. Are you required to take a certain number of units? □ Yes □ No
   • If yes, how many units and why? ___________________________________________

30. Are you on academic probation? □ Yes □ No
   • If yes, why? _____________________________________________________________

31. Have you discussed your difficulties with the instructor or with a counselor? □ Yes □ No

32. What college support services have you used? _________________________________

33. In what type(s) of classes have you done well? ________________________________
34. What are your goals for attending college?_____________________________________________

College Major ___________________________ College Counselor ___________________________

HEALTH INFORMATION

35. Do you have problems with your vision? □ Yes □ No
   • If yes, describe (nearsighted, farsighted, etc.):________________________________________

36. Do you wear glasses or contact lenses? (Circle one if yes.) □ Yes □ No

37. Have you had an eye exam within the last two years? □ Yes □ No
   • If yes, when?__________________________

38. Do you have problems with your hearing? □ Yes □ No
   • If yes, describe:______________________

39. Did you have frequent ear infections or tubes in your ears? □ Yes □ No

40. Do you wear a hearing aid? □ Yes □ No

41. Have you had a hearing exam within the last five years? □ Yes □ No
   • If yes, when?________________________

42. Do you have allergies or asthma? (Circle one or both if yes.) □ Yes □ No
   • If yes, please answer the following questions:
     a. Describe:_________________________
     b. How do the allergies, asthma, and/or medications influence your classwork?___________

43. Are you on any medication at the present time? □ Yes □ No
   • If yes, please identify:
     a. Name(s) of medication(s) ________________________________
     b. Dosage ____________________________________________
     c. For what condition(s) _________________________________
     d. Side effects _________________________________________

44. Have you ever been on a long-term program of medication? □ Yes □ No
   • If yes, describe________________________________________

__________________________
45. a. Have you ever had a head injury? □ Yes □ No
   b. Have you ever had a neurological exam (e.g., CAT scan, MRI)? □ Yes □ No
   c. Have you ever been unconscious due to illness or injury? □ Yes □ No
   • If yes to a, b, or c, please answer the following questions:
     At what age(s)? ___________ Were you hospitalized? □ Yes □ No
     Please explain ____________________________________________________________

46. Have you ever had seizures? □ Yes □ No
   • If yes, specify when and describe: ____________________________________________

47. Have you ever had any serious injuries or illnesses? □ Yes □ No
   • If yes, specify when and please describe their impact on your education: __________

48. Do you have a history of or current mental health or psychological concerns? □ Yes □ No
   • If yes, please answer the following questions:
     a. Have you participated in mental health or personal counseling? □ Yes □ No
     b. Have you engaged in self-injurious behaviors? □ Yes □ No
     c. Have you engaged in suicidal thoughts/behaviors/attempts? □ Yes □ No
     d. Were you ever hospitalized for mental health concerns? □ Yes □ No

Comments: __________________________________________________________________________

49. Do you have a history of alcohol, drug, or substance abuse? □ Yes □ No
   • If yes, please answer the following questions:
     a. Were you ever hospitalized for substance abuse? □ Yes □ No
     b. Have you been treated as an outpatient? □ Yes □ No
     c. Have you participated in counseling for substance abuse? □ Yes □ No
     d. For how long have you maintained sobriety? __________________________
     OR what is your current use of alcohol, marijuana, and/or other substances?
     __________________________________________________________________________
WORK HISTORY

50. Are you currently employed? □ Yes □ No
   • If yes, please describe current employment:
     a. Where? __________________________________________________________
     b. Job Duties? ______________________________________________________
     c. Number of hours per week/weekly work schedule? ____________________
     d. How long have you had this job? _______ Years _______ Months _______ Weeks

51. Describe any previous jobs, length of employment, job duties, and reason job ended. ______________________________

CULTURAL AND LINGUISTIC INFORMATION

(In completing this section it may be appropriate to consult with family members who may have more in-depth information.)

52. How long have you lived in the United States? __________________________

53. Do you periodically move back and forth to the United States? □ Yes □ No
   • If yes, describe: ______________________________________________________

54. Were you raised in the culture of the United States? □ Yes □ No
   (includes exposure to schools, television, libraries, etc.)

55. Is English your first and only language? □ Yes □ No
   • If no, please answer the following questions:
     a. What other language(s) do you know? _________________________________
     b. What language did you learn first? _________________________________
     c. In which language do you have greatest oral fluency, that is, ability to discuss college-level materials, or are you equal in both (or all)? __________________________________________
     d. In which language do you have greatest written fluency, that is, ability to write essays at a college-level, or are you equal in both (or all)? __________________________________________
     e. In which language do you have greatest reading fluency, that is, ability to read textbooks at a college-level, or are you equal in both (or all)? __________________________________________

   • If you answered YES to questions 55, STOP!

   • If you answered NO to question 55 and possess greater or equal fluency in another language, complete the following Culturally/Linguistically Diverse (CLD) supplemental interview.

   • If your first language is English, but you did not grow up with exposure to U.S. culture, please complete CLD interview questions 1-5 and then stop.
Guidelines for Verification of Disability

California Community College Title V guidelines for eligibility for DSPS are different from those used in California high schools. You must provide documentation that shows a diagnosis and functional limitations that will impact you in the college environment. The documentation must be signed by an appropriately licensed professional. If a student has multiple disabilities, multiple forms of documentation are necessary. The following is a sampling of types of documentation that is acceptable, but is not a complete list of possibilities. Please notice we are not asking for IEP’s.

A. The following disabilities typically are verified in reports written by a school psychologist/speech language pathologist/ outside psychologist:

1. Learning Disability: Most recent psycho-educational report signed by high school psychologist, college LD Specialist or other appropriately licensed professional. Needs to include cognitive and achievement standard scores (i.e. Compuscore Profiles).

2. Intellectual Disability: Most recent psycho-educational report signed by psychologist. Needs to include cognitive and achievement standard scores (i.e. Compuscore Profiles).


B. Verifying the following disabilities typically requires the use of the duplicate “Authorization for Release of Information” form with non-school professionals. Please complete the box on the front of the form and have your health care provider complete the second page. If any of the following types of reports are available, please enclose a copy in the packet:

- Acquired Brain Injury: Most recent neuropsychological report signed by licensed clinical neuropsychologist or medical information signed by neurologist or other appropriately licensed physician.

- Attention Deficit Hyperactivity Disorder: Most recent report signed by licensed psychologist, psychiatrist or other appropriately licensed health care provider. Must include DSM IV/DSM V diagnosis and description of impact on daily functioning.

- Autism Spectrum Disorder: Most recent report signed by psychologist, psychiatrist or other physician. Must include DSM IV/DSM V diagnosis and description of impact on daily functioning.

- Deaf or Hard of Hearing: Most recent audiogram signed by licensed audiologist.

- Orthopedic/Mobility: Recent comprehensive report signed by physician.

- Psychological: Most recent report signed by licensed psychologist, psychiatrist or other appropriately licensed health care provider. Must include DSM IV/DSM V diagnosis and description of impact on daily functioning.

- Visually Impaired: Most recent report signed by ophthalmologist or optometrist which includes diagnosis and information about visual acuity, field of vision, and whether or not the condition is progressive.

Other Disabilities/Health conditions: Recent comprehensive report signed by physician.
AUTHORIZATION FOR RELEASE OF INFORMATION
DSPS – SADDLEBACK COLLEGE
28000 Marguerite Parkway, Mission Viejo, CA 92692-3635
(949) 582-4885 • Fax (949) 347-1526

STUDENT — COMPLETE INFORMATION INSIDE BOX:

TO: ____________________________
    Name of Physician, Psychiatrist, Licensed Clinical Psychologist, Licensed Professional or Specialist

        Address ____________________________ Suite # __________

        City ____________________________ State ________ ZIP __________

        (__________) (__________) Area Code Telephone (__________) Area Code Fax

FROM: ____________________________
    Student’s Last Name ____________________________ First __________ M.I. __________

    Phone ____________________________ Medical Record I.D. # ____________________________

    Birthdate ____________________________ Student Number ____________________________

I hereby authorize the release and exchange of confidential educational, vocational, medical and psychological
information between the Disabled Student Programs & Services (DSPS) program, Saddleback College and the above
individual/agency. The South Orange County Community College District uses the information requested on this form
for the purpose of determining a student’s eligibility to receive authorized services provided by the DSPS Program.
Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure.

__________________________________________  __________________________________________
Student’s Signature Date

To the Licensed Health-Care Professional:
The above-named student has applied for disability-related support services. We are required by state
regulation to have a verification of disability on file. PLEASE PROVIDE THE FOLLOWING INFORMATION
IN FULL AND RETURN THIS FORM TO THE ADDRESS PRINTED AT THE TOP OF THIS PAGE.
Thank you very much for your assistance.

Sincerely,

Ardith Lynch
Coordinator of DSPS
### PATIENT / STUDENT NAME: 

__________________________

### PLEASE SEND EVALUATION REPORT, IF POSSIBLE

#### A. DIAGNOSIS / DIAGNOSES

<table>
<thead>
<tr>
<th>DSM IV Axis I Number:</th>
<th>Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSM IV Axis II Number:</td>
<td>Diagnosis:</td>
</tr>
</tbody>
</table>

#### B. PLEASE CHECK CATEGORY OF IMPAIRMENT(S):

- Visual: Right, Left
- Best Corrected Acuity: _____, _____
- Field: _____, _____
- Mobility/Orthopedic
- Acquired Brain Injury (TBI, stroke, etc.)
- Hearing (attach copy of most recent audiogram)
- Speech/Language
- Developmentally Delayed
- Psychological
- Other: ____________________________

#### C. DOES THIS CONDITION INTERFERE WITH ONE OR MORE OF THE FOLLOWING MAJOR LIFE ACTIVITIES? (Circle appropriate activities or circle NONE):

- Caring for self
- Performing manual tasks
- Walking
- Seeing
- Hearing
- Breathing
- Speaking
- Thinking
- Learning
- Working
- NONE
- OTHER: ____________________________

#### D. FUNCTIONAL LIMITATIONS (Check all that apply.) Must be completed to provide appropriate accommodations:

- Range of Motion
  - Back: _____
  - Neck: _____
  - Hip: _____
  - Shoulder: _____
  - Knee: _____
  - Elbow: _____
  - Ankle: _____
  - Wrist: _____
- Limit activities that stress the respiratory system
- Limit heart rate (_____)
- Limit overhead-arm activity
- Limit walking
- Limit weight-bearing exercises
- Balance: No
- Motor Coordination: Fine, Gross
- Grasp: Limited
- Unable to move from prone to standing position without assistance
- Difficulty understanding lectures/class discussions
- Difficulty communicating in normal conversation/class discussions
- Difficulty reading
- Attention/Concentration Difficulties
- Panic Attacks
- Aggressive Behavior: Verbal, Physical
- Other (Please describe): ____________________________

#### E. PLEASE LIST MEDICATION(S) THAT MAY HAVE AN IMPACT IN THE EDUCATIONAL SETTING:

- ____________________________
- ____________________________

#### F. COMMENTS AND CONTRAINDICATIONS:

- ____________________________
- ____________________________

### SIGNATURE: 

____________________________

Licensed Health-Care Professional

____________________________

License #

### PRINT NAME: 

____________________________

Date: ________________________

### TITLE: 

____________________________

__________________________________________
FREQUENTLY ASKED QUESTIONS

Application and Financial Aid:

1. How do I apply to Saddleback College and obtain a student ID number?
The online Saddleback College application can be found at www.saddleback.edu under Apply Now. You will be applying for the **SUMMER 2015** semester, in order to begin the processes of established services within our DSPS Department prior to the fall 2015 semester. You will receive your student ID number via email within 24 hours of completing your online application.

2. Why do I need to give my Social Security number on the application to the college?
You are not required to supply a Social Security number. If you do not have a social security number, the college can process your admissions application without it. However, if you apply for financial aid, the FAFSA does require use of social security numbers. The Financial Assistance office will not be able to process your award until you go back to the Admissions office with proof of identity and your social security number. This is likely to cause a delay in receiving your financial aid.

3. How do I apply for financial aid?
Go to your high school guidance office and ask for the “FAFSA” or pick it up at the Financial Assistance office at Saddleback College. Use the paper version as a worksheet. If at all possible, apply online and name Saddleback College as the college you want the information sent to. Your parents will need to provide details of their financial information. Do this right away to ensure you receive the maximum possible amount of financial aid.

College Transition Program (CAP):

1. Where can I find the “late” CAP information and packet documentation?
You can find all information and documentation relating to CAP program on our DSPS website at www.saddleback.edu/dsps/

2. Why do I need to have appointments with DSPS during the **SUMMER 2015** semester if I am not planning on attending Saddleback until the fall 2015 semester?
Participating in DSPS is voluntary. If you would like to participate in our services, we need to learn through interviews, appointments and possible testing what your unique educational needs are. The SPS 300: Educational Planning, Assessment, and Orientation course allows us to accomplish this task.

3. What if I am unable to have an academic counseling appointment prior to the priority registration date?
Throughout many of our events and individual appointments, you will be provided information on course recommendations and on-campus resources. This information may help to guide you through the enrollment process should you not receive an academic counseling appointment.
Fall 2015 Semester:

1. **When and how do I register for fall 2015 classes?**
   Priority registration is the first day of registration. If you register that day (in early July), you are most likely to get the classes that best match your needs. After that, classes begin closing and you may not be able to get into classes you need and want. Registration is online. Go to your MySite account and click “Register for Classes.”

2. **I will be on vacation the first week of classes. What should I do?**
   The first week of classes is one of the most important weeks of the semester. Professors have the right to drop you from class if you are not there the first day. If possible, change your vacation plans. If not, you may try to contact your professors via e-mail or voice mail prior to the first day of class to notify them that you will not be attending. However, this does not guarantee that the professor received the information prior to the start of class or is willing to keep you enrolled.

3. **The Department of Rehabilitation has said they will help pay for my college expenses. What should I do to make sure this happens?**
   In June or early July, right after you identify what classes you plan to take, give your D. R. counselor detailed information about your classes and books so he or she can order appropriate bank drafts. They will send you one to pay for registration and another to pay for books and supplies in the college bookstore. In the meantime, if priority registration begins and you do not have your bank draft yet, come to the DSP&S office immediately after registering and ask for a “Fee Deferral Form”.

_I HAVE READ AND UNDERSTAND THE AFOREMENTIONED FREQUENTLY ASKED QUESTIONS_ (initials)