Welcome to Saddleback College. The Disabled Students Programs & Services (DSPS) has created an orientation program called The College Advantage Program (CAP) – formerly Ride the Wave, designed especially for graduating high school seniors with disabilities.

State budget reductions have had a tremendous impact on education and its services, especially within DSPS. Consequently, it may not be possible for all incoming students to receive individual accommodations and counseling appointments prior to the start of the fall 2015 semester. To prepare you for applying to the college and registering for classes, DSPS will provide you with the information you need during the Oct 30th / Nov 6th Senior Visit Day (your school will register for one of these days) and Jan 15th Parent Night events.

We are looking forward to assisting you during your Saddleback journey. To begin your journey, we have all of 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 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 spring 2015 semester. SPS 300 does not meet as a group class at a specified time. Rather, you will 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 – Attn: The College Advantage Program (CAP)
Student Services Center #224
28000 Marguerite Parkway
Mission Viejo, CA 92692

Packet Deadline: Thursday January 29, 2015 before 3:00 p.m.

(Packets received after this date will be considered late and may not be processed in time for priority registration for fall 2015!)

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

Sincerely,

Kim d’Arcy, PsyD, Learning Disabilities Specialist
College Advantage Program

Ardith Lynch, MS
Counselor / Coordinator DSPS
Saddleback College Disabled Students Programs & Services (DSPS)

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

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/dsp0](http://www.saddleback.edu/dsp0)

- □ Application to Saddleback College online at [www.saddleback.edu](http://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 SPRING 2015, which will allow us to have appointments with you prior to the fall 2015 semester.

- □ Special Admissions Request K-12 Students
  
  Requires high school principal signature, school seal and parent's signature – original copy

- □ 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 – Attn: The College Advantage Program (CAP)
Student Services Center #224
28000 Marguerite Parkway
Mission Viejo, CA 92692

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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
Dear Student,

Much of the information regarding matriculation given on the front side of the “Special Admissions Request K-12 Students” form does not apply to students enrolling in SPS 300 Educational Assessment and Planning since this class is an alternative process to the regular matriculation process; however, please complete the student information section on the front.

All high school students enrolling in any class at Saddleback College must complete both pages of this form in full. Please note that this form must be signed by both a parent (regardless of your age) AND your high school principal or designee and contain your school stamp or seal.

In addition to the K-12 form, please complete the Enrollment Card below with your Name, Student ID # and Signature. We will fill in the ticket number once received.

Submit this form along with your CAP packet!
If you have any questions, please call (949) 582-4246

SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT BOARD OF TRUSTEES
Dr. William O. Jay, David B. Lang, Dr. Frank M. Meldau, Marcia Mitchler, 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
Saddleback College provides this opportunity for qualified K–12 students who wish to study in advanced-level instructional areas not offered at their present school. Students currently attending grades K-12 who are requesting permission to attend Saddleback College as “special part-time admits,” must complete this form each term prior to registration. This program is set up for educational enrichment rather than to reduce current course requirements of elementary or secondary schools. The college has the right to restrict enrollment for reasons of age, health and safety, preparedness of the student, availability and college policy. Please review the program policies below to ensure you have a successful experience at Saddleback College.

**IMPORTANT:** As required by state law, K-12 students will receive a low priority registration time so as to not displace regularly admitted students.

(References - California Education Code: Sections 48800-48802, 76001-76002 and 76300)

**Policies and Requirements:**

1. **The Special Admission Request K-12 Student Form is due 2 weeks prior to start of each semester of attendance.**
2. **Student must attend the minimum day at a public or private high school in California.**
3. **All students must complete the assessment testing, if they are enrolling in English, reading, math or a class requiring a prerequisite of English or math.** (See bottom of reverse side for more information about assessment testing.) Students are required to clear all course prerequisites at least two weeks prior to their registration date.
4. **Students participating in this program will do so under the direction of their school principal.** Home-schooled programs deemed eligible must meet one of the following criteria: 1) affiliation with a county department of education program, 2) must be taught by a person holding a California teaching credential, 3) must hold a current private school affidavit filed with the State Superintendent of Public Instruction. Proof of one of the above is required.
5. **Most applicants who are accepted to Saddleback College will be allowed to enroll in any course for which they are recommended; however, state law restricts participation in Kinesiology (physical education) courses. Students in this program may enroll for either day or extended day classes but are limited to no more than eleven (11) units per semester.** The course instructor’s permission to enroll is required for K-8 students. Students in grades K-8 are limited to six (6) units per semester.
6. **All Saddleback College students are responsible for complying with the rules and regulations of the college as published in the Saddleback College Catalog and schedule of classes.**
7. **Courses offered are at the college level and instructors will teach at that level.** Students may be exposed to and involved in discussions of mature subjects.
8. **Enrollment in this special admission program establishes a permanent college transcript with college credit.** When approved by the school district, courses taken for college credit may also be used to meet high school graduation requirements.
9. **This form must be submitted each semester while attending Saddleback College. Students will not be permitted to register or remain in classes if this form is not on file for the semester or session of attendance.** Altered forms will not be accepted.
10. **Students must act on their own behalf.** Parents, guardians, relatives or friends of Saddleback College students are not permitted to enroll, drop, or add classes on behalf of the student. The same applies to requesting transcripts or grade verifications. Federal and state laws prohibit the release of a college record to anyone other than the student.
11. **The SOCCCD Board of Trustees has authorized the waiver of enrollment fees for students concurrently enrolled in high school (grades 9-12); however, these students are responsible for paying nonresident tuition if classified as a nonresident.** High school students are required to pay parking, course materials, tuition, and health fees. Students enrolled in grades K-8 are required to pay enrollment, tuition, and other required fees as appropriate.
12. **Security should be of concern to parents, especially when K-12 students are attending classes after dark.** Faculty are not expected to wait with students until their ride arrives. At times, classes may be dismissed early. Pay telephones are available on campus but may not be in close proximity to a student’s classroom.
13. **Saddleback College will release academic records regarding concurrently enrolled students to the school district in which they are enrolled unless specifically directed by the student in writing.**
14. **Students are required to present a photo ID when completing in-person transactions at Saddleback College.**

**Student agreement:**

I have read, understand, and agree to the above policies and requirements.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Student Name (Please Print)</th>
<th>Date</th>
</tr>
</thead>
</table>

**Parent agreement:**

I have read, understand, and agree to the above policies and requirements.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Parent/Guardian Name (Please Print)</th>
<th>Date</th>
</tr>
</thead>
</table>
Saddleback College Special Admission Request K-12 Students
Office of Admissions and Records http://www.saddleback.edu/admissions/K12Students.html#hsstudents (949) 582-4555

Note: Students must present a photo ID when completing transactions in the Admissions Office.

Instructions for Students in Grades 9-12:

IMPORTANT: The Special Admission Request K-12 Student Form is due 2 weeks prior to start of the semester.

1. Complete a Saddleback College admission application online. (Omit this step if you are a continuing student.) The online application may be accessed at www.saddleback.edu. Click on “Apply Now” from the menu on the left. You will receive an email regarding registration.

2. Each semester of attendance, complete the Special Admission Request K-12 Form and obtain all necessary signatures and school seal.

3. Submit Special Admissions Request K-12 Form to the Admissions Office by the deadline stated on the Admissions website.

4. Due to the embossed seal on the form, faxed forms will not be accepted.

5. If your class is “Full” or has already begun, you must obtain an Add Permit Code (APC) from the Instructor. The APC will be valid only if your K-12 Special Admit form was filed by the deadline.

6. You will complete registration online through MySite on or after your assigned registration time.

Instructions for Students in Grades K-8.

1. Each semester of attendance, complete the Special Admission Request K-12 Form and obtain all necessary signatures and school seal. Attend the first day of class to obtain the Instructor’s authorization on the form. Please obtain an Add Permit Code (APC).

2. Bring the completed Special Admission Request Form and APC to the Admissions and Records Office. Complete the college application and submit all forms to a registration clerk in the Admissions Office. Students are required to meet all prerequisites.

STUDENT INFORMATION: Requesting part-time admission for the                      Spring            Summer            Fall      Year______________

Applicant’s Name: __________________________________________________________Saddleback Student ID: _________________________

Please Print:                                   Last                          First                          M.I.

Date of Birth: ________________________________ Social Security Number (optional): ________________________________ Telephone Number: (___)_____________________

Grade Level (at beginning of semester of attendance at Saddleback College): ____________ Anticipated High School Graduation Date: __________

Principal’s Recommendation: I certify that this student:

1. will benefit from advanced scholastic or vocation work at the college.

2. demonstrates adequate preparation in the discipline to be studied.

3. has exhausted all opportunities to enroll in an equivalent course, if any, at his or her school of attendance.

4. has school board approval.

Recommended Courses (Kinesiology (PE) courses not permitted) Saddleback Faculty authorization required for K-8 students

<table>
<thead>
<tr>
<th>Saddleback Course Number and Title (Altered forms will not be accepted)</th>
<th>Units (9-12 Max 11) (K-8 Max 6)</th>
<th>SC Instructor’s Signature (K-8) ONLY</th>
<th>Ticket Number (K-8) ONLY</th>
<th>Circle one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: History 22</td>
<td></td>
<td></td>
<td></td>
<td>Approved Denied</td>
</tr>
<tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Approved Denied</td>
</tr>
</tbody>
</table>

For summer term only, I confirm that no more than 5% of our students in any one grade level will be recommended for concurrent enrollment at Saddleback College.

Principal’s Name (Please Print) ____________________________ Principal’s Signature ____________________________

Name of School ____________________________ Number of Recommended Courses ____________ Date ____________ (Place School Seal Here)

Matriculation Information (Assessment Test) and Prerequisite Requirements

All students enrolling in English, reading, math or a course requiring a prerequisite of English, reading or math must test in these areas for placement purposes. For all other prerequisites, the student should contact the academic division for that course. If your course requires a pre-requisite, you must have it cleared at least two weeks before your registration date. Specific information regarding Matriculation, including assessment dates, is available in the Matriculation Office (Village 8). Please come in, call 949-582-4970, or visit us at: http://www.saddleback.edu/matriculation/.

Note: High school seniors are required to participate in the Matriculation process (assessment, orientation and advisement) before attending Saddleback College.

By initialing this box, I, the student, certify that I have read and understand the statements above.
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_____  

<table>
<thead>
<tr>
<th>Student Responsibilities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>4. I will comply with the Student Code of Conduct adopted by the college. (See <a href="http://www.saddleback.edu/media/pdf/handbook.pdf">www.saddleback.edu/media/pdf/handbook.pdf</a>)</td>
</tr>
</tbody>
</table>

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.
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.
California Community Colleges
Learning Disabilities Services

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

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
 irreversible
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 ____________________________________________

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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

______________________________
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

Page 1
PATIENT / STUDENT NAME: ____________________________________________

PLEASE SEND EVALUATION REPORT, IF POSSIBLE

A. DIAGNOSIS / DIAGNOSES

DSM IV Axis I Number: ___________ Diagnosis: ____________________________

DSM IV Axis II Number: ___________ Diagnosis: ___________________________

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

☐ Motor Coordination: Fine Gross

☐ Grasp

☐ Balance

☐ Lifting

☐ Bending

☐ Stooping

☐ Unable to move from prone to standing position without assistance

☐ 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: ____________________________________________________________________________
Saddleback College Disabled Students Programs & Services (DSPS)

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

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 spring 2015 semester, in order to begin the CAP process 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 CAP information and packet documentation?
You can find all information and documentation relating to CAP program on our DSPS website at www.saddleback.edu/dspss/

2. What are the benefits of participating in the CAP program?
CAP is an early transition program to help high school seniors with disabilities prepare for the upcoming fall 2015 semester at Saddleback College. The goal of the program is to establish appropriate services and courses for each student.

3. Why do I need to have appointments with DSPS during the spring 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.
4. **What happens if I miss the January 29\textsuperscript{th} 3:00PM deadline?**
   You will not be guaranteed priority registration for the fall 2015 semester and your packet and all subsequent appointments will be addressed and scheduled in the order it is received.

5. **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)