



# DSPS Application for Services

**CONFIDENTIAL**

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

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.

**For Office Use Only**

Student Name \_\_\_\_\_

ID# \_\_\_\_\_

Summer \_\_\_\_\_

Fall \_\_\_\_\_

Spring \_\_\_\_\_

P  
 S

ADHD

AS

Non Claimable

P  
 S

DHH

ID

LD  
 MH

P  
 S

PHY

V

OTHER

\_\_\_\_\_  
CERTIFICATED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CERTIFICATED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CERTIFICATED SIGNATURE

\_\_\_\_\_  
DATE

Comments:

**P = PRIMARY**

**S = SECONDARY (more than 1 secondary is possible)**

Application Processed by: \_\_\_\_\_

# Guidelines for Verification of Disability

California Community College Title V guidelines for eligibility for DSPTS 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.

**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

**Developmentally Delayed Learner:** Most recent psycho-educational report signed by psychologist; Needs to include cognitive and achievement standard scores

**Speech Language Disability:** Most recent speech-language report signed by speech-language pathologist

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

**Attention Deficit Hyperactivity Disorder:** Most recent report signed by licensed psychologist, psychiatrist or other appropriately licensed health care provider; must include DSM IV diagnosis and description of impact on daily functioning

**Autism/Asperger's:** Most recent report signed by psychologist, psychiatrist or other physician; must include DSM IV 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 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



# Saddleback College

## WELCOME TO DSPS

Room SSC-113

Student Services Center

28000 Marguerite Parkway

Mission Viejo, CA 92692

Phone: 949/582-4885 Video Phone: 949/482-4430

Your 30 minutes screening appointment is scheduled for

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Date/Day/Time

During this appointment you will meet with a counselor or disability specialist who will ask questions to briefly identify your physical, psychological, and learning needs. Actual services will be provided in future appointments after the above date.

Please bring any available diagnostic reports to this appointment. If necessary, the counselor or disability specialist will assist you to prepare requests for written verification of disability. DSPS does not test for eligibility except for specific learning disabilities.

Formal written verification of a disability is required to receive services. The counselor or specialist will explain the eligibility requirements that apply to you. Please see the other side of this paper for more information about disability verification.

If you are unable to keep this appointment, please contact our department at: 949-582-4885.

**Please visit our website: [www.saddleback.edu/dsps](http://www.saddleback.edu/dsps)**

*See over . . .*



## **DSPS PROCEDURE FOR DSPTS SERVICES SUSPENSION**

DSPTS at Saddleback College is committed to providing quality support services and specialized instruction, which enable students with verified disabilities to access and participate in all programs at Saddleback College. It is the student's responsibility to be familiar with all DSPTS procedures and policies. DSPTS services may be suspended if you fail to meet one or more of these requirements:

1. Responsible use of services and adhere to written service provision policies and procedures adopted by DSPTS.
2. Make measurable progress towards the goals established in the Student Education Contract.
3. Meet academic standards established by the college.

The following procedure will take place if a student is suspended from DSPTS services:

1. Student will receive a letter requesting to make an appointment with the Coordinator of DSPTS within ten days from the notification.
2. At the appointment, the suspension of DSPTS services and accommodations will be reviewed and discussed with the student.
3. Student may request a "second chance" and continue receiving accommodations and services if it is determined that the student should have a second chance.
4. Continuous failure to meet one or more of the three requirements listed above will result in minimum one semester suspension. The student has the right to appeal this decision within ten days to the Dean of Transfer, Career, and Special Programs for final determination.

I, \_\_\_\_\_ understand and have received a copy of this procedure.  
Please Print Name

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Student Signature

Date