Welcome to Saddleback College. The DSPS Program has created an enrollment program called “Ride the Wave to Saddleback College” designed especially for graduating high school seniors with disabilities.

First of all, we want you to know that the 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 fall 2014. To prepare you for applying to the college and registering for classes, DSPS will provide you with the requisite information you need to successfully enroll in classes during the Nov 7th/14th and Jan 16th events. *It is very important that you attend both events for specific course selection and registration information.*

We are looking forward to assisting you during your Saddleback journey. To begin your journey we have posted all of the necessary enrollment documents on our website at [www.saddleback.edu/dspss/](http://www.saddleback.edu/dspss/). Please follow the CHECKLIST carefully! Be sure to complete ALL of the required documentation. Incomplete documents will not be processed.

Appointments for all student applicants will be taken in queue. Students will be seen in the order that documents are received. Once you have turned in all completed documentation, you will be enrolled in “SPS 300, Educational Assessment and Planning” for the spring 2014 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. Completed documentation received by the deadline date will be guaranteed priority registration for the fall 2014 semester.

Please complete ALL documentation and return to:
Saddleback College DSPS– Attn: Marie Bowman
Student Services Center #224
28000 Marguerite Parkway
Mission Viejo, Calif. 92692

**Packet Deadline: Thursday January 30, 2014 at 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 2014!)

If you have any questions regarding these forms, please contact Marie Bowman at mbowman@saddleback.edu. If you do not have access to the internet, please contact Marie at (949) 582-4246 for further assistance. We look forward to your participation in Ride the Wave to Saddleback College Program.

Sincerely,

Kim d’Arcy, PsyD, Learning Disabilities Specialist
Ride the Wave Program

Ardith Lynch, MS
Counselor / Coordinator DSPS
SADDLEBACK COLLEGE
Disabled Students Program & Services (DSPS) Presents:

Ride the Wave
A Transition Program for High Seniors with Disabilities

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 & Register
  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 2014, which will allow us to have appointments with you prior to the fall 2014 semester.

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

☐ Enrollment Card + health fee ($18)

☐ DSPS Application for Services with Student ID number filled out

☐ Saddleback College “Ride the Wave” Questionnaire

☐ Permission to release information to Saddleback College

☐ Learning Disability Services Consent Form AND Intake Questionnaire

☐ High School Transcripts

☐ Medical Verification of Disability – Front portion to be completed by student, back portion 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 by Marie Bowman 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: Marie Bowman
Student Services Center #224
28000 Marguerite Parkway
Mission Viejo, Calif. 92692

Packet Deadline: Thurs, Jan 30th at 3:00PM
(Completed packets received by the deadline will be guaranteed Priority Registration for the fall 2014 semester. Incomplete packets will be returned).

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

Revised: 9/12
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 regular matriculation; 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.

Submit this form along with your Ride the Wave packet!
If you have any questions, please contact
Marie Bowman at m Bowman@saddleback.edu

---

ENROLLMENT CARD

NAME ________________________________ STUDENT ID NO. ________________________________

LAST _____________________________ FIRST _____________________________ MIDDLE _____________________________

FALL X SPRING SUMMER 20 14

ADD CLASS(ES)

<table>
<thead>
<tr>
<th>TICKET NO.</th>
<th>COURSE TITLE / NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>305 300</td>
<td></td>
</tr>
</tbody>
</table>

DROP CLASS(ES)

<table>
<thead>
<tr>
<th>TICKET NO.</th>
<th>COURSE TITLE / NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STUDENT'S SIGNATURE ________________________________

Saddleback College / Admissions, Records & Enrollment Services

8/04
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. Student must attend the minimum day at a public or private high school in California.
2. 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.
3. 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.
4. Most applicants who are accepted to Saddleback College will be allowed to enroll in any course for which they are recommended; however, recent changes in state law restrict participation in 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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.
12. 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.
13. 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.

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

Office of Admissions, Records and Enrollment Services

Revised 02/05/2010
Saddleback College

Special Admission Request K-12 Students

Office of Admissions, Records and Enrollment Services
28000 Marguerite Parkway, Mission Viejo CA., 92692 (949) 582-4555

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

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.

Instructions for Students in Grades 9-12:
Since the approval process may take several days, be sure to submit this form well before registration begins.

IMPORTANT: The Special Admission Request K-12 Student Form is Due to 2 weeks prior to start of term.

1. Complete a Saddleback College admission application online. (Omit this step if you are a continuing student.) The online application may be accessed at saddleback.edu. Click on “Admissions” then choose “Apply for Admission” from the menu on the left.
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.
4. You will complete registration online through MySite on or after your assigned registration time.

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)

<table>
<thead>
<tr>
<th>Saddleback Course Number and Title (Altered forms will not be accepted)</th>
<th>Ticket Number</th>
<th>Units (9-12 Max 11) (K-8 Max 6)</th>
<th>SC Instructor’s Signature (K-8)</th>
<th>Circle one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: History 22</td>
<td></td>
<td></td>
<td></td>
<td>Approved</td>
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<tr>
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<td>Approved</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>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. You should have your prerequisites cleared at least two weeks before your registration date. Specific information regarding the Matriculation process and assessment dates are available in the Matriculation Office (Student Services Center 225B). Please come in, call 949-582-4970, or visit us at: http://www.saddleback.edu/matriculation/.

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

Note: High school seniors are encouraged to participate in the Matriculation Early Bird Program in the spring to complete the entire matriculation process (assessment, orientation and advisement) before attending Saddleback College after their anticipated graduation date.

Office of Admissions, Records and Enrollment Services Revised 02/05/2010
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.
Summer ________
Fall ________
Spring ________

P = PRIMARY
S = SECONDARY (more than 1 secondary is possible)

A.B.I. HEARING
PSYCH
D.D.L. MOBILITY
SPEECH
L.D. VISUAL
OTHER

Non Claimable

Application Processed by:_______________________________________

Comments:

VERIFIED ELIGIBILITY

Student Name ___________________________________________  ID#______________

For Office Use Only

CERTIFICATED SIGNATURE DATE

VERIFIED ELIGIBILITY

Certificated Signature Date

Certificated Signature Date

Certificated Signature Date

L.D.
D.D.L.
A.B.I.

OTHER

S

Visual

Mobility

Hearing

Spring

Fall

Summer
SADDLEBACK COLLEGE
Disabled Students Program & Services (DSPS) Presents:

Ride the Wave
A Transition Program for High Seniors with Disabilities

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 DSPS 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 & INTAKE INTERVIEW

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.

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 __________________________
**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 ___________

List name of person to notify in case of emergency:

Name_________________________ Relationship __________________________ Phone __________

Address ________________________________ City ___________ Zip __________

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 Skills
- Reading rate
- Spelling
- Math
- Taking notes during class
- Taking Tests
- Study Skills
- Comprehending concepts
- Retaining information
- Writing Skills
- Completing assignments on time
- Motivation/Self-confidence in school

Describe your difficulties


5. List the highest level English, math, reading, and study skills 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

Describe your difficulties


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 you 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 you or were you a client of the Regional Center? □ Yes □ No

• If yes, what is the name of your case worker? ____________________________________

10. Are you or were you receiving services from any of the following? (Check all that apply.)

  □ DSP  □ EOPS  □ CalWorks  □ Financial Aid
  □ SSDI   □ None  □ Other Services

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 ___________________________________________________________

13. 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 ___________________________________________________________

14. 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

15. Does anyone in your family have learning issues? □ Yes □ No

• If yes, describe __________________________________________________________

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

• If yes, describe __________________________________________________________
17. Describe any family and/or personal issues which you feel have affected your learning/education in the past.

________________________________________________________________________________________

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

________________________________________________________________________________________

WORK HISTORY

19. Are you currently employed? □ Yes □ No
   • If yes, please describe current employment:
     a. Where? _________________________________________________________________
     b. Job Duties? _____________________________________________________________
     c. Number of hours per week? _______________________________________________
     d. What is your weekly work schedule? _________________________________________
     e. How long have you had this job? _______ Years _______ Months _______ Weeks

20. Describe any previous jobs, length of employment, job duties, and reason job ended. __________________________

________________________________________________________________________________________

HEALTH INFORMATION

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

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

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

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

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

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

27. Have you had a hearing exam within the last five years? □ Yes □ No
   • If yes, when? ________________________________
28. 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 class work? ____________

29. 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 ___________________________________________________________

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

31. Have you ever had a head injury? □ Yes □ No
   • If yes, at what age? _____________ Were you hospitalized? □ Yes □ No
   Please explain _____________________________________________________________

32. Have you ever had a neurological exam (e.g., CAT scan, MRI)? □ Yes □ No
   • If yes, please answer the following questions:
     a. at what age? _________
     b. for what reason? ________________________________________________________

33. Have you ever been unconscious due to illness or injury? □ Yes □ No
   • If yes, for how long? ______________
   Please explain _____________________________________________________________

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

35. Have you ever had any serious injuries or illness? □ Yes □ No
   • If yes, specify when and please describe their impact on your education: ________________
36. Do you have a history of 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 been treated as an outpatient? □ Yes □ No
  c. Were you ever hospitalized for mental health concerns? □ Yes □ No
  d. Do you or have you engaged in self-injurious behaviors? □ Yes □ No
  e. Do you or have you engaged in suicidal ideations/attempts? □ Yes □ No

Comments:________________________________________

37. 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? __________________________________________
  e. What is your current use of alcohol, marijuana, and/or other substances?

________________________________________

EDUCATIONAL INFORMATION

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

________________________________________

39. Why do you think you have had problems in school? (Check all that apply.)

___Specific learning disability ___Tasks too difficult ___Bad luck
___Home environment ___Lack of interest in school ___Limited ability
___Emotional problems ___Lack of opportunity ___Poor attendance
___Economic disadvantage ___Other (specify): ________________________________

40. Did you frequently change schools within elementary or secondary school? □ Yes □ No

• If yes, explain:________________________________________________________________________
41. 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?

42. Were you ever tested or referred for eligibility in special education prior to college? □ Yes □ No

• If yes, when and why?

43. 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?

44. 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)?

b. for what reasons?

45. 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?

46. Have you attended any other college or university? □ Yes □ No

• If yes, where?

• If yes, are your transcripts on file for review?

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

48. How many units have you earned?

49. In how many units (hours) are you currently enrolled? _______ Units (hours)

50. Are you required to take a certain number of units? □ Yes □ No

• If yes, how many units and why?
51. Are you on academic probation? □ Yes □ No
   • If yes, why? ________________________________

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

53. What college support services have you used? ________________________________

54. In what type(s) of classes have you done well? ________________________________

55. What are your goals for attending college? ________________________________
   College Major ____________________________ College Counselor ________________

CULTURAL AND LINGUISTIC INFORMATION

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

56. How long have you lived in the United States? ________________________________

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

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

59. 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 the greatest oral fluency (i.e. ability to discuss college-level materials)? Or are you equal in both/all languages?
        ________________________________________________________________
     d. In which language do you have the greatest written fluency (i.e. ability to write essays at a college-level)? Or are you equal in both/all languages?
        ________________________________________________________________
     e. In which language do you have the greatest reading fluency (i.e. ability to read textbooks at a college-level)? Or are you equal in both/all languages?
        ________________________________________________________________

   • If you answered YES to questions 58 and 59, 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. **Limited Intellectual Functioning:** Most recent psycho-educational report signed by psychologist. Needs to include cognitive and achievement standard scores (i.e. Compuscore Profiles).

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

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/Asperger’s:** 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.
If appropriate to your disability, please have your physician or appropriately licensed professional complete Page 2. Refer to the Guidelines for Verification of Disability for additional information.

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                      Social Security or Medical Record I.D. #

__________________________
Birthdate

Student Number

I hereby authorize the release and exchange of confidential educational, vocational, medical and psychological information between Special Services, Saddleback College and the above individual/agency. 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 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 Disabled Student Programs & Services (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,

Terence Nelson
Dean of Transfer, Career and Special Programs
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
     □ Back  □ Neck
     □ Hip  □ Shoulder
     □ Knee  □ Elbow
     □ Ankle  □ Wrist
   □ Balance
   □ Motor Coordination: □ Fine  □ Gross
   □ Grasp
   □ 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: ________________________

Page 2
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](http://www.saddleback.edu) under Apply & Register. You will be applying for the **spring 2014** semester, in order to begin the Ride the Wave process prior to the fall 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.

Ride the Wave:

1. **Where can I find Ride the Wave information and packet documentation?**
   You can find all information and documentation relating to Ride the Wave program on our DSPS website at [www.saddleback.edu/dsp/](http://www.saddleback.edu/dsp/)

2. **What are the benefits of participating in the Ride the Wave program?**
   The Ride the Wave program is an early transition program to help high school seniors with disabilities prepare for the upcoming fall 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 2014 semester if I am not planning on attending Saddleback until the fall 2014 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 Assessment and Planning course allows us to accomplish this task.
4. **What happens if I miss the January 30th 3:00PM deadline?**
   You will not be guaranteed priority registration for the fall 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 Semester:**

1. **When and how do I register for fall 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. **Online registration** is the easiest and recommended way to register. Do NOT wait until “In person” registration – many classes will be closed by then. If you need help registering, contact the DSPS Office. We will be more than happy to help you.

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)**