



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#: _____

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

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 webpage 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).

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.

Under the National Voter Registration Act (NVRA), DSPS is an Agency-Based Registration Site, where students have the opportunity to become registered voters during the application process. There is no obligation to register to vote and the student's decision will have no effect on services offered by DSPS.

To be eligible to register to vote, you must be a U.S. Citizen, and meet all eligibility requirements. If you have questions please call the voter hotline at (800) 345-VOTE (8683)

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Check One)

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote. <https://registertovote.ca.gov/?t=vra&id=89>.
- No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

Applicant Name _____

Date _____

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.

01/13 NVRA Voter Preference Form

If a Voter Preference Form is needed in a language other than English. Please click the following link:

<https://www.sos.ca.gov/elections/voter-registration/nvra/training/voter-preference-forms/>



DSPS PROCEDURE FOR DSPS SERVICES SUSPENSION

DSPS 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 DSPS procedures and policies. DSPS 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 DSPS.
2. Make measureable 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 DSPS services:

1. Student will receive a letter requesting to make an appointment with the Coordinator of DSPS within ten days from the notification.
2. At the appointment, the suspension of DSPS 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

Student Signature

Date

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.

If available, please include verification of disability. 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