



Disabled Students Programs and Services (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.

Saddleback Student Information:

Today's Date: _____	Student ID: _____
First Name: _____	Last Name: _____
Date of Birth: _____	Cell Phone Number: _____
College Email: _____	Personal Email: _____
Address: _____	City: _____
State: _____ Zip: _____	Which semester are you applying for? _____
Emergency Contact Name: _____	Emergency Contact Phone Number: _____

Please check all that apply to you:

- Current High School Student
- Nursing Program
- Saddleback College Student Athlete
- Veteran or Active Military Personnel
- Department of Rehabilitation (DOR)
- Regional Center
- Extended Opportunity Programs and Services (EOPS/CARE)
- NextUp
- CalWORKs
- Rising Scholars
- Occupational and Academic Skills for Independence and Success (OASIS) Program
- Adapted Kinesiology (KNEA) Program
- Emeritus Institute

Disability Information:

Please tell us about your disability/disabilities:

Do you have a temporary disability? (Example: Concussion, broken bone, recovering from surgery, and other conditions that temporarily impair a student’s ability to meet academic requirements)

What DSPS accommodations or services are you hoping to receive?

In high school, did you or do you currently have an IEP or 504 plan?

Please circle: Yes No

Have you ever received accommodations at another post-secondary institution? (Example: another community college, CSU, UC, or other universities)

Please circle: Yes No

Please provide verification of disability documentation. Verification of disability should contain a specific diagnosis with an indication of whether the disability is temporary or permanent, a description of the functional limitations caused by the disability, and a signature of a licensed practitioner or medical provider. If you are impacted by multiple disabilities, please provide documentation for each disability.

Examples of acceptable documentation include but are not limited to a copy of the most recent IEP, letter from doctor or medical provider, Department of Rehabilitation, 504 Plan, Veterans Affairs report for disability rating, Regional Center documentation, psych-educational report, social security office documents, or medical records.

Documentation can be provided in-person at our office in Gateway 161-1 or emailed to scdsps@saddleback.edu.

Student Responsibilities:

- I will provide DSPS with the information, documentation, and/or forms (educational, psychological, medical, etc.) deemed necessary by DSPS to verify my disability/disabilities
- I will utilize DSPS in a responsible manner
- I understand that DSPS uses written service policies and procedures that must be adhered to for continuation of services
- I will comply with the Student Code of Conduct adopted by Saddleback College

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.
(Disabled Students Programs and Services-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 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.

National Voter Registration:

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?

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote.
- 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 VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

First Name: _____ Last 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 filling out the voter registration form, we can 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 <https://www.sos.ca.gov>