***Student Intake and Application Form* DSPS/DSS**

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| **Contra Costa College** | **Diablo Valley College** | **Los Medanos College** |

**STUDENT INFORMATION (Black or blue ink only)**

Last Name First Name Student ID Number Date of Birth

@insite.4cd.edu

Email Phone Number (include area code) Gender

**DISABILITY INFORMATION**

1. **Please mark your disability(ies):**

Autism \_\_\_\_\_\_\_\_\_

ADHD \_\_\_\_\_\_\_\_\_

Blind / Low Vision \_\_\_\_\_\_\_\_\_

Deaf Hard of Hearing \_\_\_\_\_\_\_\_\_\_

Intellectual Disability \_\_\_\_\_\_\_\_\_\_

Learning Disability \_\_\_\_\_\_\_\_\_\_

Mobility \_\_\_\_\_\_\_\_\_\_

Mental Health \_\_\_\_\_\_\_\_\_\_

Other Disability \_\_\_\_\_\_\_\_\_\_

1. **Did you receive disability support services at another institution (Ex. CBI, Transitional Program):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you a client of the Department of Rehabilitation? 🞎 Y 🞎 N**

Counselor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you a Regional Center client? 🞎 Y 🞎 N** Which office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Are you a Workability client? 🞎 Y 🞎 N** Which office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL INFORMATION**

1. **I am: (Check all that apply)**

* A new student (First Semester)
* A returning student (not enrolled last semester)
* Currently enrolled at: **⭘** Contra Costa College **⭘** Diablo Valley College **⭘** Los Medanos College
* Planning to enroll: **⭘** Fall \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **⭘** Spring \_\_\_\_\_\_\_\_\_\_\_\_ **⭘** Summer \_\_\_\_\_\_\_\_\_\_

1. **My college goal is: (Check all that apply)**

* Personal Studies
* Basic Skills
* AA/AS Degree
* Vocational Certificate – Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Transferring to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Is English your first language? 🞎 Y 🞎 N** If no what is your first language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What services would help you to succeed at this college?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Is there anything else you would like us to know?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DSPS/DSS Program Overview:**

*Contra Costa College, Diablo Valley College and Los Medanos College* provide educational services and access for eligible students with documented disabilities who intend to pursue coursework at CCC, DVC, and LMC. 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/DSS.

**Student Responsibilities:**

1. I will provide DSPS/DSS with the information, documentation and/or forms (medical, educational, etc.) deemed necessary by DSPS/DSS to verify my disability(ies).

2. I will meet with a DSPS/DSS professional to complete an Academic Accommodation Plan, and agree to meet with the professional at least annually to update the Academic Accommodation Plan.

3. I will utilize DSPS/DSS in a responsible manner. I understand that DSPS/DSS 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.

*I understand that I must fulfill the requirements for participation in the DSPS/DSS Program. I have received a copy of the policy on suspension of DSPS/DSS services, and I understand the consequences of failing to comply with the rules for responsible use of DSPS/DSS 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 DSPS/DSS Program responsibilities of students and I will abide by them.*

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_