



**State Center Community College District**  
 Disabled Students Programs & Services (DSP&S)

**APPLICATION FOR SERVICES**

Campus:  FCC  CCC  RC  Madera Center  Oakhurst Center

**Program Description:** DSP&S provides access and opportunities to students with documented disabilities, who intend to pursue coursework at the college. DSP&S offers programs and services for current and prospective students with educational limitations to support the opportunity to participate fully in all aspects of the college through appropriate and reasonable academic accommodations.

In order to access DSP&S, individuals must: **(1)** complete this Application for Services, **(2)** submit a professional verification of disabling condition, and **(3)** complete the college matriculation process and be eligible for enrollment and registration.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ SCCCD ID#: \_\_\_\_\_  
 Street: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (cell): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (**Circle One**): M F Ethnicity: \_\_\_\_\_  
(Voluntary)

**DISABILITY INFORMATION**

- Please list your disability(s) or limitation(s):  
 \_\_\_\_\_  
 \_\_\_\_\_
- What was your age when the disability occurred? \_\_\_\_\_
- Have you received special disability related services from another college or university?  
 No  Yes, I received services from: \_\_\_\_\_
- How does this disability affect your school related activities? Please mark all that apply.
 

<input type="checkbox"/> Manage disability issues	<input type="checkbox"/> Hear/Process auditory material	<input type="checkbox"/> Traverse campus (timely)
<input type="checkbox"/> Complete tests in a traditional manner	<input type="checkbox"/> See/Process visual material	<input type="checkbox"/> Manual manipulation of objects/equipment
<input type="checkbox"/> Produce written material	<input type="checkbox"/> Speed of processing material	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Produce oral material	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**EDUCATIONAL HISTORY**

- Please list the high school(s) attended: \_\_\_\_\_
- You earned a:  Regular High School Diploma  GED  Certificate  Other: \_\_\_\_\_
- Please mark the high school program(s) you participated in & attach the most current IEP/504 plan.  
 Special Education Courses  Resources Specialist Program (RSP)  504 Program
- If you attended another college or university, please state where: \_\_\_\_\_

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

**INTAKE APPT:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff: \_\_\_\_\_  Inactive File (Loc.): \_\_\_\_\_  
**MATRICULATION:**  Application  Orientation  Assessment  SEP (Abbreviated or Comprehensive)  
**DISABILITY CODE:** H\_\_\_ U\_\_\_ L\_\_\_ V\_\_\_ B\_\_\_ O\_\_\_ P\_\_\_ D\_\_\_ M\_\_\_ A\_\_\_

## SCCCD INFORMATION

1. You are currently enrolled at or planning to attend:

FCC  CCC  RC  Madera Center  Oakhurst Center

2. Are you receiving services or funding from any of the following campus or community programs/agencies? Mark all that apply. If you answer Yes, please provide verification.

Financial Aide/Scholarship

Mental Health Services

CalWORKS

FCOE/Transition

Veterans Administration

CA Rehabilitation (DOR)-Case Manager: \_\_\_\_\_

EOPS

CVRC-Case Manager: \_\_\_\_\_

Private Rehabilitation Agency

Foster Youth (CAFYES): \_\_\_\_\_

SSI/SSDI

Other: \_\_\_\_\_

3. Please check your SCCC community college educational goal?

Transfer to another college

Personal/Social Development

Obtain an AA/AS Degree

Work on basic academic skills

Obtain a Vocational Certificate

Undecided

Obtain job skills

Other: \_\_\_\_\_

## SCCCD DSP&S INFORMATION

1. Have you ever seen a SCCC DSP&S counselor before?  Yes  No

If yes, with who: \_\_\_\_\_ and when: \_\_\_\_\_.

2. DSP&S Academic Accommodations: Please check all accommodations/services you are requesting\*.

### General Accommodations

- priority registration
- note taker
- interpreter
- table/chair: \_\_\_\_\_
- preferential seating: \_\_\_\_\_

### Assistive Technology

- video magnifier
- tape recorder
- spell checker
- adaptive computer device
- adaptive software: \_\_\_\_\_
- 4-function calculator

### Testing Services

- proctor outside of classroom
- in room w/reduced distraction
- extended testing time
  - 1.5x
  - \_\_\_\_\_
- scan and read
- speech to text support
- writing support

### Counseling

- personal/disability counseling
- specialized academic counseling
- specialized vocational counseling

### Alternate Format

- E-Text
- enlarged print-font size: \_\_\_\_\_
- Braille

### Mobility Services (Tram)

- permanent
- temporary: \_\_\_\_\_

### Specialized Instruction

- Developmental Services classes
- Adaptive P.E. classes

\* The availability and implementation of accommodations and services will vary between and is dependent on site.

\*\*The student is responsible to communicate with the Interpreter Coordinator to schedule ASL Interpreter Services for the upcoming semester.

The information contained in this application is as accurate as possible. This confidential information may be shared on my behalf with State Center Community College District Disabled Students Programs and Services personnel who are directly involved with the DSP&S program.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)