



San Diego Community College District (SDCCD)
Disability Support Programs and Services (DSPS)

Application for Services

Today's Date: Student ID Number:
Name: (PRINT) Last First MI Date of Birth:
Address: Street City State Zip
Telephone: E-mail:
Emergency Contact Person:
Relationship to Student: Telephone:

GENERAL INFORMATION

Have you applied to City, Mesa and/or Miramar College (admissions)? Yes No
Have you taken the College/CE Assessment/Placement Tests? (If yes, include available scores)
MATH: No Yes: ENGLISH: No Yes: ESL: No Yes:
DEAF ENGLISH: No Yes: TABE: No Yes:
What is your current educational goal (if known)?
Would you like assistance with Voter Registration? Yes No
Have you ever received services from any SDCCD DSPS Office? Yes No If yes, where? Year:
Are you receiving services through? (check all that apply)
EOPS CalWorks WorkAbility III Financial Aid SSI/SSDI Veterans
Department of Rehabilitation Regional Center TRACE Other:
Counselor(s):

EDUCATIONAL HISTORY

Are you having academic difficulties? Please describe:
What is the highest level of education completed? (Check all that apply)
8 9 10 11 12 HS diploma GED Certificate of Completion
Highest college degree completed: Graduation date:
High school or other colleges attended:
Have you ever received Special Education/504/IEP/Resource/Remedial support? Yes No
If you are currently working, please describe employment:
Where?

## Disability Information

Please respond to all by checking **Yes** or **No**

	Yes	No		Yes	No
<b>Acquired Brain Injury</b>			<b>Psychological Disability</b>		
Brain Tumor			History of mental health problems		
Stroke			History of substance abuse		
Traumatic head injury			Inpatient/Outpatient counseling		
<b>Hearing Loss</b>			<b>Other Disabilities</b>		
Deaf			Aids/HIV		
Hard-of-Hearing			Attention Deficit Disorder (ADD or ADHD)		
Use Sign Language			Autism/Asperger Syndrome		
Cochlear implant/Hearing aid			Cystic Fibrosis		
<b>Mobility</b>			Diabetes		
Amputation			Epilepsy/Seizures		
Arthritis			Gastrointestinal Disorder		
Cerebral Palsy			Hemophilia		
Multiple Sclerosis			Immune System Disorder		
Orthopedic			Other Health _____		
Post Polio					
Respiratory			<b>Learning Disability (LD)</b>		
Spinal Cord Injury			Requesting first time LD testing		
Other _____			LD has been verified by a:		
			High School		
<b>Speech / Language Disability</b>			University		
Aphasia			CA Community College		
Dysarthria			Other _____		
Dysfluency					
Other _____			<b>DDL/Intellectual Disability</b>		
<b>Visual Disability</b>					

**It is the responsibility of the student seeking accommodations and services to provide a comprehensive evaluation verifying the disabling condition(s) and the resulting educational limitations.**

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

**OFFICIAL USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_