



**SAN DIEGO COMMUNITY COLLEGE DISTRICT (SDCCD)
Disability Support Programs and Services (DSPS)**

Application for Services

TODAY'S DATE: _____

CSID: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City, State and Zip: _____

DOB: _____ Preferred Phone: _____ Other Phone: _____

E-mail Address: _____ Gender: M / F

Emergency Contact Person _____

Relationship to Student: : _____ Phone: _____

GENERAL INFORMATION

Have you applied to City, Mesa, Miramar College(s) (Admissions)? Yes _____ No _____

Have you taken the College/CE Assessment/Placement Tests? (if yes, include scores if available)

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? No ___ Yes ___ Year _____ Where? _____

Are you receiving services through? (check all that apply)

___ EOPS ___ Cal WORKS ___ WorkAbility III ___ Financial Aid ___ SSI/SSDI ___ Veterans

___ Department of Rehabilitation ___ Regional Center ___ TRACE ___ Other (list here) _____

Counselor(s): _____

EDUCATIONAL HISTORY

Are you having academic difficulties? (describe) _____

What is the highest level of education completed? (Circle all that apply)

8 9 10 11 12 HS diploma GED Cert. of Completion

Highest college degree completed _____ Graduation Date: _____

High School or other Colleges attended: _____

Have you ever received Special Ed./504/IEP/Resource/Remedial support? Yes _____ No _____

If you are currently working, please describe employment:

Where? _____



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DISABILITY INFORMATION
 Please respond to all by checking yes or no

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

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: _____

Office Use Only Received By: _____ Date: _____