



**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: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_  
 Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Sex:      Male      Female                      Ethnicity (voluntary): \_\_\_\_\_

**Disability Information**

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

Manage disability issues	Hear/Process auditory material	Traverse campus (timely)
Complete tests in a traditional manner	See/Process visual material	Manual manipulation of
Produce written material	Speed of processing material	objects/equipment
Produce oral material	Other: _____	Other: _____
- Please list the high school(s) you 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 plan
- 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 \_\_\_\_\_

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## SCCCD Information

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1. You are currently enrolled at or planned 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

CalWORKS

Veterans Administration

EOPS

Private Rehabilitation Agency

SSI/SSDI

Mental Health Services

FCOE/ Transition

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

CVRC – Case Manager: \_\_\_\_\_

Foster Youth (NextUp): \_\_\_\_\_

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

3. Please check your SCCC community college education goal.

Transfer to another college

Obtain an AA/AS Degree

Obtain a Vocational Certificate

Obtain job skills

Personal/Social Development

Work on basic academic skills

Undecided

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

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## SCCCD DSP&S Information

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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 with reduced distraction

Extended testing time

1.5x or 2x

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 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 Student Programs and Services personnel who are directly involved with the DSP&S program.**

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

Date: \_\_\_\_\_



**Students interested in receiving academic accommodations and services offered by Disabled Students Programs & Services (DSP&S) are required to:**

1. Complete the college matriculation process and be eligible for enrollment and registration
2. Complete an intake interview and, if appropriate, additional testing to establish program eligibility

**The following documentation and activities should be completed/submitted prior to the delivery of services:**

1. DSP&S Application for Services
2. Consent for Release of Information
3. Disability verification by an appropriate licensed professional and/or physician
4. A meeting with a DSP&S counselor to verify disability, determine educational limitations, and authorize academic accommodations

**Students who are eligible for and receive accommodations/services through DSP&S should complete an Academic Accommodation Plan and meet with their counselor each academic year.**

**Service Provision Requirements and Student Rights and Responsibilities**

1. Students should possess the ability to respond appropriately to questions, follow directions, and demonstrate the potential to benefit from DSP&S programs and services.
2. Students are expected to follow the Standards of Student Conduct and Discipline established by State Center Community College District (SCCCD) (see current college catalog).
3. Students are responsible for scheduling appointments for services (i.e., test proctoring, counseling, student educational plans and advising, etc.) and have the right to change DSP&S counselor if applicable (dependent on site).
4. Students receiving DSP&S services (i.e. interpreters, mobility, test proctoring, specialized counseling) should follow guidelines and procedures stated in this document, the college catalog, and the notification of services form, and notify the DSP&S office of their absence prior to the time these services have been scheduled to be delivered. Failure to do so may result in the suspension of these DSP&S services.
5. Students receiving DSP&S services (i.e. interpreters, mobility, test proctoring, specialized counseling) should notify the DSP&S office of their absence prior to the time these services have been scheduled to be delivered. Failure to do so three consecutive times may result in the suspension of these services.
6. Students should demonstrate annual measurable progress as set forth by SCCC policy (see current college catalog). Failure to do so may result in suspension of services.
7. Suspended services may be appealed through a campus appeals process and reinstatement may occur during the current semester.
8. Students are the primary person responsible to notify instructors of all absences. In extreme circumstances when an long- term absence which is disability related occurs and notification by the student is not possible, the DSP&S office will assist the student in notifying instructors.
9. Students should be able to take care of their personal needs and/or provide their own personal attendant and/or personal aids per SCCC policy (see current college catalog).
10. Concerns or complaints regarding DSP&S will be processed according to the terms set forth in the Student Grievance Procedure (see current college catalog).
11. Concerns or complaints regarding authorized accommodations will be processed according to the terms set forth in the Academic Accommodations Committee.
12. Concerns or complaints regarding Sexual Harassment will be processed according to the terms set forth in District Administrative Regulation 5109 (see current college catalog, "Sexual Harassment").
13. Concerns or complaints regarding discrimination of any kind will be processed according to the terms set forth in Federal Law (see current college catalog, "Statement of Nondiscriminatory Policy and Obligations").
14. Concerns or complaints regarding student access to and release of records will be processed according to the terms set forth in the Family Education Rights and Privacy Act (see current college catalog).

The State Center Community College District uses the information requested on this form for determining a student's eligibility to receive authorized DSP&S services provided by DSP&S. 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 and 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)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; U.S.C. 552a, note), providing your social security number is voluntary. 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.

**I have read and understand the above requirements.**

Date: \_\_\_\_\_

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

DSP&S Counselor/ED Advisor Signature: \_\_\_\_\_

Student File: White

Student Copy: Yellow



**State Center Community College District**  
 Disabled Students Programs & Services (DSP&S)  
 Consent for release of Information

<b>Campus:</b>	FCC	CCC	RC	Madera Center	Oakhurst Center
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Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ ID: \_\_\_\_\_  
 Maiden Name or Other Name Used: \_\_\_\_\_

I, the undersigned, consent to, and request, all appropriate persons and/or agencies or institutions to release information regarding myself to DSP&S for use in educational/vocational planning. All information will be kept confidential and maintained as part of my records with Disabled Students Programs and Services (DSP&S) at the college. I authorize the release of information to include one or more of the following records:

**Student Initials**

- \_\_\_\_\_ Verification of Disability
- \_\_\_\_\_ Communicate with my instructors
- \_\_\_\_\_ Educational History: Transcripts, IEP, 504 Plan, Psycho-Educational Report
- \_\_\_\_\_ Psychological Testing and Evaluation Results
- \_\_\_\_\_ Learning Disability Assessment
- \_\_\_\_\_ Audiology and Speech/Language Pathology Reports
- \_\_\_\_\_ Vocational Rehabilitation Plan
- \_\_\_\_\_ Prescribed Medications and Dosage
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

\_\_\_\_\_ I hereby give my permission to the staff of DSP&S to communicate with my parents, legal guardian(s) or other, if they request information.  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I further give permission for the DSP&S certificated professional to discuss my educational situation with other professionals who have a legitimate educational need to know. This authorization shall remain in effect until revoked in writing by the student.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Signature (if under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

**A Photocopy of This is as Valid as the Original - Valid for the Life of the Case.**

The State Center Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSP&S) department. 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 (PL 93-579), Providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title V, Section 56000 et seq.

**Please Return Information To Disabled Students Programs & Services At:**

Fresno City College	Clovis Community College	Reedley College	Madera Center	Oakhurst Center
1101 E. University Ave.	10309 N. Willow	995 N. Reed Ave	30277 Ave. 12	40241 Hwy 41
Fresno, CA 93741	Fresno, CA 93730	Reedley, CA 93654	Madera, CA 93638	Oakhurst, CA 93644
(559) 442-8237 (voice/ TTY) FAX: (559) 499-6038	(559) 325-5230 FAX: (559) 499-6062	(559) 638-0332 FAX: (800) 643-1521	(559) 675-4864 FAX: (800) 643-0518	(559) 683-3940 FAX: (800) 559-6819