

**GLENDALE COMMUNITY COLLEGE
APPLICATION FOR SERVICES
Disabled Students Programs and Services**

Name _____ ID # _____

Initial Date of Application for DSP&S Services _____

DSP&S Program Overview

Glendale Community College provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at Glendale Community College. 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 Disabled Students Programs & Services (DSP&S).

Student Responsibilities

1. I will provide the Disabled Students Programs & Services with the information, documentation, and/or forms (medical, educational, etc.) deemed necessary by DSP&S to verify my disability(ies).
2. I will meet with a Disabled Students Programs & Services professional to complete an Academic Accommodation Plan (AAP), as well as meet to complete the Student Educational Contract (SEC) that is required at least once every twelve months.
3. I will utilize the Disabled Students Programs & Services in a responsible and timely manner. I understand that the Disabled Students Programs & Services uses written service provision policies and procedures that must be adhered to for continuation of services. I understand that it is a student's responsibility to set up services and accommodations in a timely manner. (DSP&S recommends that at least two weeks before the beginning of a term, you contact CSD for an appointment with a counselor. Students who have a valid SEC within the last twelve months may contact ARC to set up services and accommodations.)
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 DSP&S Program. I understand the consequences of failing to comply with the rules for responsible use of DSP&S 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 DSP&S Program responsibilities of students and I will abide by them.

Student Signature _____ **Date** _____

DSP&S Specialist Signature _____ **Date** _____

The 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) Program. 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 (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 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.

OFFICE USE ONLY (April 2022)

Application Processed by:

Summer

Fall

Spring

Comments:

STUDENT INFORMATION

Name _____ GCC ID # _____

First

Last

M.I.

Cell Phone _____ Home/Work Phone _____

GCC E-mail _____ Birth date _____

Personal E-mail _____

Address _____

List person to notify in case of emergency _____

Relationship _____ Phone _____

• **What is your educational goal at GCC? (Why are you attending college?)**

• **What are your strengths, skills, and interests?**

• **If you have attended a different college/university, where?** _____

• **How did you hear about our program?** _____

• **What is (are) your verified/documentated disability(ies)?**

Acquired Brain Injury

ADD/ADHD

Autism Spectrum

Blindness / Low Vision

Deafness / Hard of Hearing

Developmental / Intellectual Disability

Learning Disability

Mental Health / Psychological

Mobility / Physical

Speech & Language

Health/Other (Please specify below)

- **Is/Are your disability(ies) temporary?** permanent?
- **Have you ever been in a special education program or class - including Adapted Physical Education (APE)?** Yes [] No []
- **Have you ever received treatment for a psychological disorder?** Yes [] No []
- **Have you ever received treatment for addiction?** Yes [] No []
- **Do you need assistance or special consideration in the classroom, such as special seating?** Yes [] No []
- **Do you have or will you have a Personal Service Attendant (PSA)?** Yes [] No []
 Please note that a student who requires the use of a PSA must have a signed agreement on file with CSD for each PSA and for each term. **(GCC does not provide PSA services.)
- **Please read the following statements. If you agree to the statement, please initial in the space provided.**

I allow my CSD counselor/DSPS staff to communicate with the Health Center regarding my disability(ies).

I allow my CSD counselor/DSPS staff to communicate with my instructors regarding my disability(ies) and its (their) educational implications. _____

- **Are you a client of the Department of Rehabilitation (DOR)?** Yes [] No []

If yes, Counselor's Name _____ Office: _____
 Counselor's E-mail _____ Phone: _____

- **Are you a client of a Regional Center?** (Regional Center serves people who have been diagnosed with Autism, Cerebral Palsy, Epilepsy, an Intellectual Disability, and/or other disabling conditions defined under Section 4512 of the CA Welfare and Institutions Code.

Yes [] No [] Office _____ Phone: _____

- **Are you currently receiving Temporary Assistance for Needy Families (also known as TANF / CalWORKS)?**

Yes [] No []

- **Are you currently receiving Supplemental Security Income (SSI) / Social Security Disability Insurance (SSDI)?**

Yes [] No []

- **Are you currently receiving General Relief through Los Angeles County?** Yes [] No []

- **Are you currently employed?** Yes [] No []

If yes, where _____ How many hours per week? _____

TECHNOLOGY INFORMATION

• **Do you use or have you ever used assistive technology programs/apps?** For example, Tactile Graphics, text-to-speech programs, Dragon Naturally Speaking, Kurzweil, audio books, etc. Yes [] No []

If yes, please list. _____

• **Have you ever used a computer?** Yes [] No []

If yes, please answer the following questions.

1. What kind of computer?

- PC
- Apple/Mac
- Tablet (iPad, etc.)
- Smartphone
- Other (Please specify) _____

2. What did you use the computer for?

- Games
- Word processing
- Email
- Internet
- School work
- Other (Please specify) _____

3. **Do you use any adapted equipment, apps, or programs?** Yes [] No []

If yes, please mark all that apply.

- Adapted keyboard
- Adapted mouse
- Screen reader apps (such as JAWS, NVDA)
- Text enlarger apps (such as Zoomtext)
- Text-to-speech apps (computer reading text)
- Speech-to-text apps (talking into computer)
- Other (Please specify) _____

4. Have you ever taken a computer class? Yes [] No []

If yes,

a. Where and when did you take the class? _____

b. What did you learn? _____

HEALTH INFORMATION

Doctor's Name _____

Address _____

Phone _____

Fax _____

Date of last doctor's visit _____

Date of last hospitalization _____

Reason for hospitalization _____

Prescription medications I currently take:

<u>Name</u>	<u>Amt./Dosage</u>	<u>Name</u>	<u>Amt./Dosage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Over the counter medications/herbs/vitamins:

<u>Name</u>	<u>Amt./Dosage</u>	<u>Name</u>	<u>Amt./Dosage</u>
_____	_____	_____	_____

**GLENDALE COMMUNITY COLLEGE
RELEASE OF INFORMATION
Disabled Student Programs and Services (DSP&S)**

Glendale Community College	Name/Address of Physician/Professional
1500 N. Verdugo Road	
Glendale, CA 91208	
(818) 240-1000, ext. 5905 csd@glendale.edu	
(818) 240-1345 FAX	
Attn: Center for Students with Disabilities (CSD)	

Name of Student _____

ID Number _____ Birthdate _____

I, _____, authorize release of information from
(Name of Student)

_____ regarding my disability(ies) to
(Physician/Professional)

Glendale Community College, attn. Center for Students with Disabilities. All information will be kept confidential and maintained as a part of my records with the Glendale Community College Disabled Students Programs & Services Office. I authorize release of information to include one or more of the following records identified below:

- Diagnosis of disability signed by an appropriate medical practitioner or psychologist.**
- Psychological testing and evaluation results.**
- Vocational Rehabilitation Plan.**
- Individual Educational Plan (IEP).**
- Detailed results of assessment, psychological or medical testing that led to diagnosis.**
- Other:**

A photocopy of this document is as valid as original.

This authorization shall remain in effect until revoked by the undersigned.

Student Signature	Date
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**GLENDALE COMMUNITY COLLEGE
NATIONAL VOTER REGISTRATION ACT (NVRA)**

If you are not registered to vote where you live now, would you like to apply to register to vote here today? Yes [] No []

IF YOU DO NOT CHECK EITHER YES OR NO, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register in in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State, Elections Division, 1500 11th Street, Sacramento, CA 95814.

Student Signature

Date