



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

Application for Services

Today's Date: _____ Student ID Number: _____

Name: _____ Date of Birth: _____
(PRINT) Last First MI

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
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: _____

OFFICIAL USE ONLY

Received by: _____ Date: _____