



**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
<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: \_\_\_\_\_

**Office Use Only**    Received By: \_\_\_\_\_    Date: \_\_\_\_\_