



College of the Redwoods
DSPS Application for Services
Disability Services and Programs for Students

Initial Term Attending: _____

College of the Redwoods provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at College of the Redwoods. 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 Disability Services and Programs for Students (DSPS).

NAME: _____ *SSN#: _____

E-MAIL: _____ ID# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____

PRONOUN CHOICE: SHE/HER(S) HE/HIM/HIS THEM/THEY/THEIRS PREFER NOT TO STATE

PHONE: Home () _____ Cell () _____

Can we text you on this phone? Yes ___ No ___

DISABLING CONDITION: _____

PHYSICIAN: _____

EMERGENCY CONTACT (NAME/NUMBER): _____

Please mark all programs & resources you participate in:

- | | | |
|----------|-----------------------------------|--------------------|
| ___ EOPS | ___ Redwood Coast Regional Center | ___ Dept. of Rehab |
| ___ VA | ___ Redwood Independence | ___ Gaining Ground |
| ___ TRIO | ___ Reaching for Independence | ___ Trajectory |

Other _____

Campus attending (mark all that apply):

___ KTIS ___ Del Norte Campus ___ Eureka Campus ___ Virtual Online Classes

While you were in high school, did you have a 504 or an IEP? ___ Yes (504 ___ IEP ___) ___ No

*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 Disability Services and Programs for Students (DSPS) 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**-----

Disability: primary _____

Responsible party: (self/other) _____

1. Physical 2. Vision 3. Other 4. Hearing 5. Autism 6. LD 7. ABI 8. Intellectual 9. Mental Hlth 10. ADHD

DISABILITY SERVICES & PROGRAMS FOR STUDENTS (DSPS) SERVICE POLICY

DSPS STUDENT RIGHTS:

1. My participation in DSPS shall be entirely voluntary.
2. Receiving DSPS support services or instruction shall not preclude me from also participating in any other course, program or activity offered by the college.
3. All records maintained by DSPS personnel pertaining to my disabilities shall be protected from disclosure and shall be subject to all other requirements for handling of student records.
4. If an agreement between faculty member, DSPS professional and myself cannot be reached, regarding services and accommodations, I understand that I may appeal through the formal College of the Redwoods grievance process.

DSPS STUDENT RESPONSIBILITIES:

1. I will provide Disability Services and Programs for Students with the information, documentation and/or forms (medical, educational, etc.) deemed necessary by DSPS to verify my disability(ies).
2. I will meet with a DSPS professional to complete necessary paperwork (SSA, AAP) and discuss appropriate accommodations and services.
3. I will utilize the Disability Services and Programs for Students in a responsible manner. I understand that the Disability Services and Programs for Students uses written service provision policies and procedures that must be adhered to for continuation of services.
4. I will make measurable progress and meet academic standards established by College of the Redwoods.
5. I will adhere to the policies/procedures pertaining to each academic accommodation.
6. I will schedule requested services and accommodations in a timely manner.
7. I will notify DSPS if I cannot keep a scheduled appointment.
 - a. Repeated missed appointments without prior notice may result in suspension of services.
8. I will comply with the *Student Code of Conduct* adopted by College of the Redwoods.
9. I will NOT make any unauthorized changes to and DSPS forms or paperwork.

I am requesting DSPS services. I understand that DSPS services will not be provided until verification of disability is received and my DSPS Academic Accommodation Plan is complete. I understand that DSPS services are directly related to the educational process at CR and may not apply to other institutions or organizations.

I understand that I must fulfill the requirements for participation in the DSPS Program. I understand the policy on suspension of DSPS services, and I understand the consequences of failing to comply with the rules for responsible use of DSPS 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 DSPS Program responsibilities of students and I will abide by them.

Student Signature: _____ Date: _____

College of the Redwoods DSPS Release of Information Disability Services and Programs for Students

The student named below has requested services/accommodations through the Disability Services and Programs for Students Office. In order to assist them, we must have the information checked below.

Treating Physician/Verifying Professional: _____

Name of Business/Clinic/School: _____ Phone #: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Return to : DSPS Administrator
 Disability Services and Programs for Students Phone number: (707) 476-4280
 College of the Redwoods
 7351 Tompkins Hill Road Fax number: (707) 476-4418
 Eureka, CA 95501

Name of Student: _____ * CR ID#: _____
Other Names Used: _____ Date of Birth: _____

I authorize the release of information from my Treating Physician/Verifying Professional regarding my disability(ies) to College of the Redwoods Disability Services and Programs for Students (DSPS). All information will be kept confidential and maintained as a part of my records with the California Community College DSPTS Office. This authorization shall remain in effect until revoked in writing by the undersigned. I give permission for DSPTS professional(s) to discuss my disability with other professionals who have a legitimate educational need to know. I authorize the release of information to include one or more of the following records identified below:

- Verification of disability signed by an appropriate medical practitioner or psychologist.
- As Appropriate to the Verification:
 - Psychological Testing and Psychoeducational/evaluation results/medical reports.
 - Learning Disability assessment including WAIS-R or WAIS-III, WJR RAW and standard scores.
 - Audiology and speech/language pathology reports.
 - Vocational Rehabilitation Plan and "Certificate of Eligibility"
 - School Transcripts
 - Individual Education Plan (IEP)
 - Other _____

*****This release expires one year from the signature date.*****

Signature of Student: _____ Date: _____
Signature of Parent or Guardian: _____ Date: _____ (Required for student under 18 years of age).

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If you are not registered to vote where you live now, would you like to apply to register to vote here today?

(Check One)

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote. (Please fill out the attached voter registration form.)
- No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

Applicant Name _____

Date _____

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. 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 or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.