Dear Prospective Student:

Welcome to the Disabled Student Programs and Services (DSP&S). It is our sincere hope that our services will help you to reach your educational objectives, meet your academic goals, and encourage you to become an advocate for yourself and for others with disabilities.

The program offers accommodations to eligible students. These include academic advisement, counseling, assistive technology, adaptive equipment, exam accommodations, sign language interpreters, Braille transcription and more.

Here is how you apply for services:

1. Be a current West Los Angeles Student ID # ___ ___ - ___ ___ ___ - ___ ___ ___ ___

2. **Complete our DSP&S application**: The DSP&S application can be picked up in the DSP&S department, 3rd floor of the Student Services Building or downloaded from the college DSP&S webpage (http://www.wlac.edu/dgps/index.aspx).

3. **Attach verification of disability**: From a professional, community agency, your doctor, a psychological assessment. The department does not accept partial applications; application documents must be complete (example: DSP&S application plus medical documentation). All verification must be on letterhead and have official signature.

4. **Take Online DSP&S Orientation**: Once you have the DSP&S application and medical verification, you will need to take the online DSP&S orientation. You must pass the orientation with 90% accuracy, print, and attach certificate to with application and medical verification. http://3eorientations.com/wlac/DSPS

5. **Bring ALL of Your Information**. After completion of steps 1-4, turn in all of your documentation to DSPS and schedule a counseling appointment. **Copies of medical information will not be made in the DSP&S office. No exceptions.**

6. Enroll in Tutor 001, Section #8959 so you will be able to utilize the DSPS computer lab and online tutoring.

After your first semester, you will need to meet with our professionals every semester you are enrolled at West to review your educational strengths, limitations and accommodation needs.

If you have any questions or need further assistance, please contact our office. Good luck with your educational career and/or transfer objectives at WLAC.

Respectfully,

Dr. Shalamon Duke  
Dean, Support Services
APPLICATION FOR SERVICES - NEW STUDENTS

ALL ITEMS WITH A * NEXT TO THEM ARE REQUIRED
(Please Print in Black or Blue Ink)

The Los Angeles 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 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 Educational Code Section 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.

Section I. General Information

☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer  Year: __________

*Student ID __________________  *Date of Birth ___________________________ Gender ☐ male ☐ female

*Name ____________________________________________

             LAST                     FIRST                     M.

*Street Address_________________________________________ City ___________________________ Zip________

*Phone (home) ___________________________ (work) ___________________________

College Major _______________________________________

*1. Disability:

________________________________________________________________________

________________________________________________________________________

2. Disability:

________________________________________________________________________

________________________________________________________________________
3. Medical professional who can verify your disability:

Name_______________________________________________________________

Address ___________________________ City ________________ ZIP ________

Phone ______________________________

4. What are your educational goals? (Check all that apply):

☐ Prepare for a new career (new skills) ☐ Bachelor’s degree after AA degree
☐ Advance current job/career(update skills) ☐ Bachelor’s degree without AA degree
☐ Vocational degree without transfer ☐ Maintain certificate or license
☐ AA degree without transfer ☐ Improve basic skills
☐ Vocational certificate without transfer ☐ Undecided

*5. Check the age when your primary disability occurred:

☐ At birth ☐ 6 to 18 years ☐ 38 to 55 years
☐ 5 years & under ☐ 19 to 37 years ☐ 56 years and over

*6. Are you a consumer with the Department of Rehabilitation? ☐ yes ☐ no

Counselor’s Name ________________________________ Phone ____________________

7. Are you receiving services from any other campus or community program related to a disability?

If so, please describe ____________________________________________________

8. Have you ever received services for students with disabilities from any other college prior to attending WLAC? ☐ yes ☐ no

9. Are you receiving Financial Aid? ☐ yes ☐ no

* I certify that the foregoing statements on my application for DSP&S are complete and accurate.

______________________________ ______________________
(Signature) (Date)
EMERGENCY INFORMATION

*1. List name of person to be notified in case of emergency:

Name _____________________________________________________________________________

Relationship ____________________________ Phone _____________________________________

Address _________________________________ City ___________________ ZIP __________

Statement of Student Responsibility

West Los Angeles College provides services and access for eligible students with documented disabilities who intend to pursue coursework at WLAC. Through appropriate and reasonable accommodations, students are provided the opportunity to participate fully in all aspects of WLAC programs.

Completion of this form is required before services are provided by DSPS.

Student Responsibilities:

1. I will provide DSPS with any information deemed necessary by DSPS to verify my disability (ies); i.e., medical doctor or rehabilitation counselor complete name, address and phone number.
2. I will meet with an academic counselor to complete a Student Educational Plan and I agree to meet annually to update my Student Educational Plan.
3. I will make measurable progress towards the goals established in the Student Educational Plan and meet academic standards established by the college.
4. I will utilize the DSPS services in a responsible manner according to the rights and responsibilities of DSPS.
5. I will comply with the Student Code of Conduct adopted by the Los Angeles Community College District.
6. I understand that I must attend a DSPS orientation before services are rendered.

I understand that I must fulfill the Program and Student Responsibilities in the DSPS Program. I have received a copy of 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 and student responsibilities and I will abide by them.

Student Signature: ____________________________________________________________ Date: __________
Section II. Confidentiality

Student Release of Information

I, ______________________________, grant permission for the DSPS department to release and exchange information consistent with the Federal Family Education Rights and Privacy Act of 1974, or other laws and regulations with the appropriate college staff through the Los Angeles Community College District. I am aware that all information will be used solely for the purpose of my educational planning and the implementation of services related to my disability. I am also aware that all information will be kept confidential. This release shall remain in effect until I notify DSPS in writing that it is no longer valid.

I authorize the release of information that may include one or more of the following records:

- Verification of Eligibility
- Functional Limitation(s)
- Academic Accommodation(s)
- Educational Records, Including Progress Reports, Assessment Scores.
- Other: ____________________________________________

____________________________________  ____________________
Student Signature                                    (Date)
Application processed by: _______________________________

○ Summer/Fall
○ Winter/Spring

Year: _________

Disability and services:
(‘’) Not Eligible
(1) Primary, full service
(3) Secondary, full service

____ Mobility       ____ Visual       ____ Autism       ____ Hearing       ____ Speech
____ L. D.       ____ A. B. I.       ____ D. D. L.       ____ Psychological       ____ ADHD

____ Other____________________________

DSPS Counselor/Specialist Signature ________________________________ Date ________________

☐ Attended WLAC DSPS Orientation

__________________________

Date