Disabled Students Programs & Services

Confidential Application for Services

West Los Angeles College provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at West Los Angeles 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).

Section 1. General Information

◯ Fall ◯ Winter ◯ Spring ◯ Summer Year _____

LACCD Student ID _____ Date of birth (*mm/dd/yyyy*) _____

Last name _____ First name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

College Major _____

1. Primary Disability

_____

2. Secondary Disability

_____

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 share 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.

3. Medical professional who can verify your disability

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

4. Check the age when your primary disability occured:

◯ At birth ◯ 5 years and under ◯ 6 to 18 years

◯ 19 to 37 years ◯ 38 to 55 years ◯ 56 years and over

5. 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

6. Are you a consumer with the Department of Rehabilitation? ◯ Yes ◯ No

Counselor 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 West Los Angeles College?

◯ 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

Student Signature _____ Date (*mm/dd/yyyy*) _____

Emergency Contact Information

Contact Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Statement of Student Responsibility

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

Completion of this form is required before services are provided by DSP&S.

Student responsibilities

1. I will provide DSP&S with any information deemed necessary by DSP&S 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 DSP&S services in a responsible manner according to the rights and responsibilities of DSP&S.
5. I will comply with the Student Code of Conduct adopted by the Los Angeles Community College District.

I understand that I must fulfill the Program and Student Responsibilities in the DSP&S program. I have received a copy of the policy on suspension of DSP&S services, and I understand the consequences of failing to comply with the rules for responsible use of DSP&S services. I understand 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 and student responsibilities and I will abide by them.

Student Signature _____ Date (*mm/dd/yyyy*) _____

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Student Release of Information

Section 2. Confidentiality

I _____, grant permission for the DSP&S 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 (*mm/dd/yyyy*) _____

Office Use Only

Disability and services: (") Not Eligible (1) Primary, full services (3) Secondary, full services

_____ A.B.I. _____ A.D.H.D. _____ Autism _____ Deaf/Hard of Hearing _____ I.D. _____ Mental Health

_____ Physical _____ Visual _____ Other _____

Disability Counselor/Specialist _____ Date _____

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