



Disabled Student Programs and Services

Application for Services

Please print or type with blue or black ink

Last Name First Name MI Local Phone (805)

Local Address Cell Phone ()

City State Zip Code Work Phone ()

Permanent Address Permanent Phone ()

City State Zip Code Gender Date of Birth

Email Address Student ID # 9

If you change your address or phone number, please notify both DSPPS and Admissions & Records immediately.

1. Mark your disability(ies) and briefly describe below.

- acquired brain injury
communication disability
developmentally delayed learner
learning disability
physical disability (health or medical)
psychological disability
other disability

2. If your disability was diagnosed at another school or agency, please state where & when

3. Are you a client of the Department of Rehabilitation? Counselor's name? Which city?

4. Is English your first language? If no, what is your first language?

5. Who referred you to DSPPS?

6. What services would help you to succeed at Cuesta College?

7. In high school, I was in (check all that apply): -regular classes
 -special day class
 -resource program
 -other (please describe) _____

8. I received the following: -High School Diploma } Year received _____
 -Adult School Diploma }
 -GED } From what school or institution? _____
 -High School Proficiency
 -none -highest grade completed _____

9. Highest Math course ever completed _____ Final Grade _____ Semester/Year _____

10. Highest English course ever completed _____ Final Grade _____ Semester/Year _____

11. College placement test recommendations: English _____ Math _____

12. My college goal is: (check all that apply)
 -Personal studies
 -Basic skills
 -Vocational Certificate Major _____
 -AA/AS degree
 -BA/BS degree - I plan to transfer to _____

13. I am: (check all that apply)
 -currently enrolled at Cuesta College
 -a new student (first semester)
 -a returning student (not enrolled last semester)
 -planning to enroll:
 Summer 201____
 Fall 201____
 Spring 201____

14. Rate your academic ability on each item listed below: 15. Is there anything else you would like us to know?

- This is not difficult for me. I have some difficulty with this. This is very difficult for me.
- | | | | |
|--------------------------|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | reading comprehension |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | reading speed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | sounding out words |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | math calculations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | math word problems |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | math reasoning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | writing good sentences |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | spelling |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | grammar/punctuation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | listening |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | handwriting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | taking tests (anxiety, time, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | avoid careless errors |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | concentration/attention |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | short-term memory |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | long-term memory |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | study skills |

Student's Signature	Date
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Disabled Student Programs and Services

Consent for Release of Information

Please print or type with blue or black ink

Student's

Name: Last First Middle Initial Date of Birth: M/D/Y

Student ID #

Maiden Name or Other Name Used: Last First Middle Initial

I, the undersigned, request any appropriate person and/or agency or institution to release information consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies to this college for use in educational/vocational planning. All information will be kept confidential and maintained as a part of my records with the Disabled Student Program and Services office at Cuesta College. Selected information may be released for mandated State and/or Federal reports. I authorize the release of information, which may include one or more of the following records:

- Verification of disability
• Psychological testing and evaluation results
• Learning disability assessment
• Audiology and speech/language pathology reports
• Vocational rehabilitation plan
• Prescribed medications and dosage
• Educational records including progress made
• Other:

I further give permission for DSPS certificate program staff to discuss my educational situation with other professionals who have a legitimate educational need to know.

This authorization shall remain in effect during my enrollment at Cuesta College or until revoked in writing.

Student's Signature: Date:

Parent or Guardian's Signature: Date: Required for student under 18 years of age

A photocopy of this is as valid as the original.



Disabled Student Programs and Services

Verification of Disability

The student named below has requested services/accommodations at Cuesta College.

Date: _____

Name: Last, First, M Identification or SS#

Address Phone #

This form must be completed by a Licensed Professional. Items 1 through 5 must be answered. Reports and test scores must be included for some disabilities. See reverse for requirements.

1. Description of Disability (only one disability on each form):

- Acquired Brain Impairment, Developmentally Delayed Learner, Hearing Impairment, Learning Disability, Mobility Impairment, Speech/Language, Visual Impairment, Psychological: DSM-IV AXIS I & II Diagnosis and Code(s), Other

2. Educational/Functional Limitations:

- Producing in-class notes, assignments, or other written requirements, Seeing or processing visually presented classroom materials, texts, or other printed materials, Hearing or processing lectures or other verbally presented information, Taking tests in traditional manner, Completing course requirements without specialized tutoring, Scheduling and registering for courses, Acquiring knowledge of college and community resources, Moving around campus or classroom (for temporary disability only), Using college facilities, equipment, and materials. Explain:

3. Recommended services/accommodations:

4. This disability is: Permanent/Chronic, Temporary: less than 45 days, Temporary: 45 days or greater

5. This disability is: Observable, Not observable

Licensed Professional section with fields for Print Name, Signature, Address, and Phone.

MAIL, FAX, OR DELIVER THIS FORM

Cuesta College SLO Campus, Disabled Student Programs & Services, PO Box 8106 • San Luis Obispo, CA 93403-8106, (805) 546-3148 Fax: (805) 546-3930

Cuesta College North County Campus, Disabled Student Programs & Services, 2800 Buena Vista Drive • Paso Robles, CA 93446, (805) 591-6215 Fax: (805) 591-6372

Documentation Requirements for Verification of Disability

To receive services through Cuesta DSPS, a student must provide current documentation of a verified disability (including educational limitations and recommended services) to DSPS.

- Documentation of Mobility Impairment and Psychological Disability should be dated within **90 days** of the request.
- All others should be dated within **3 years** of the request.

Disability & Licensed Professional	Required Documentation
	High school students, submit most recent <i>Individual Education Plan</i> and:
Acquired Brain Injury (<i>deficit in brain functioning resulting in loss of cognitive, communicative, motor, psychological, and/or sensory/perceptual abilities</i>) <ul style="list-style-type: none"> • Neurologist or Neuropsychologist • Physician 	<ul style="list-style-type: none"> • Cognitive rehabilitation report/neurological assessment/medical report documenting the disability • Description of the impact on cognitive functions or how able the student is to take in and remember new information and produce reports based on new learning. • Educational Limitations & Recommended Services/Accommodations
Developmentally Delayed Learner (<i>below average intellectual functioning and potential for measurable achievement in instructional and employment settings</i>) <ul style="list-style-type: none"> • Psychiatrist • Psychologist 	<ul style="list-style-type: none"> • Regional Center certification and/or psychological report (usually WAIS III or WISC III) documenting the disability • Standard scores and/or descriptions of adaptive behavior levels • Standard scores (not grade level equivalents nor percentile ranks) from recent academic achievement assessment (reading, spelling, math, etc.) • Educational Limitations • Recommended Services/Accommodations
Hearing Impairment (<i>loss of hearing function which impedes language, educational, social, and/or cultural interactions</i>) <ul style="list-style-type: none"> • Audiologist • Certified Otologist 	<ul style="list-style-type: none"> • Current audiogram documenting the disability • Educational Limitations • Recommended Services/Accommodations
Learning Disability (<i>average to above average intellectual ability; severe processing deficit; severe aptitude-achievement discrepancy; and measured achievement</i>) <ul style="list-style-type: none"> • Ed. or Clinical Psychologist; Psychiatrist • College/University LD Specialist 	<ul style="list-style-type: none"> • Psychological report documenting the disability • Cognitive ability test standard scores (usually the WAIS III or WISC III). • Achievement test standard scores (usually the WJ III). • Educational Limitations • Recommended Services/Accommodations
Mobility Impairment (<i>serious limitation in locomotion and/or motor function</i>) <ul style="list-style-type: none"> • Physician; Nurse Practitioner 	<ul style="list-style-type: none"> • Medical report documenting the disability (within 90 days) • Educational Limitations • Recommended Services/Accommodations
Psychological Disability (<i>persistent psychological/psychiatric disorder; emotional or mental illness</i>) <ul style="list-style-type: none"> • Psychiatrist; Psychologist • MFCC or MSW; Physician 	<ul style="list-style-type: none"> • Psychological report documenting the DSM Code and Axis (within 90 days) • Educational Limitations • Recommended Services/Accommodations
Speech and Language Impairment (<i>disorders of voice, articulation, rhythm, and/or receptive and expressive processes</i>) <ul style="list-style-type: none"> • Speech and Language Pathologist 	<ul style="list-style-type: none"> • Speech/Language report documenting the disability • Educational Limitations • Recommended Services/Accommodations
Visual Impairment (<i>total or partial loss of sight</i>) <ul style="list-style-type: none"> • Ophthalmologist; Optometrist 	<ul style="list-style-type: none"> • Current vision test documenting the disability • Educational Limitations • Recommended Services/Accommodations
Other Disability (<i>does not fall into any of the above disabilities but indicates a need for support services</i>). Includes AD/HD. <ul style="list-style-type: none"> • Appropriate Professional • AD/HD: Psychologist, Psychiatrist, or Physician 	<ul style="list-style-type: none"> • Medical or professional report documenting the disability • Educational Limitations • Recommended Services/Accommodations

Definitions are according to Title 5 of the California Code of Regulations for California Community Colleges.