CRAFTON HILLS COLLEGE DISABLED STUDENTS PROGRAMS & SERVICES (DSPS)

APPLICATION TO REQUEST DISABILITY SUPPORT SERVICES

Name: _____ ID: _____
Last First Middle Initial

Mailing Address: _____
P.O. Box/Street City/State Zip Code

Home Phone Number: _____ Birth Date: _____Gender: _____

Crafton Hills College provides support services for student with **verified** disabilities and provides learning disabilities testing through the Disabled Students Programs and Services (DSPS). Please complete the following and return to the DSPS office (Rm. SSB 117). Completion of this form does not imply acceptance into the DSPS program.

Section I: Outside Verification (Please check any disabilities that may apply to you.)

☐ Visual Impairment ☐ Deaf/Hard of Hearing ☐ Asperger's/Autism ☐ Speech

☐ Psychological ☐ Learning Disability ☐ Developmentally Delayed Learner

☐ Mobility ☐ Acquired Brain Injury ☐ Other Health Condition _____

At what age did your disability occur? _____ How does your disability impact your learning? _____

Have you ever applied to the CHC DSPS program before? ☐ Yes ☐ No, If yes, how long ago? _____

Have you ever received academic accommodations? ☐ Yes ☐ No

Are you a client of any of the following agencies?

☐ Department of Rehabilitation ☐ Regional Center ☐ VA Rehab ☐ County Mental Health

Have you ever applied for or are you currently participating in any of the following programs?

☐ EOPS ☐ CARE ☐ Financial Aid ☐ CalWORKs

Section II: Learning Disabilities Testing

Crafton Hills College provides testing for students to determine eligibility for learning disability accommodations. To be eligible for accommodations, a student must exhibit average to above average intelligence, severe processing deficit(s), severe aptitude-achievement discrepany(ies), and measured achievement in an instructional or employment setting.

Have you ever been tested for learning disabilities before? ☐ Yes ☐ No (If yes, list name of school where testing was done)

_____ _____
Where When

Are you interested in Learning Disabilities Testing at CHC? ☐ Yes ☐ No

Are you currently enrolled a Crafton Hills College? ☐ Yes ☐ No If yes, how many units? _____

It is your responsibility to provide recent written documentation (completed within the past three years) of your disability before this application can be considered for acceptance. Crafton Hills College DSPS may assist you by faxing release of information forms to designated provider(s) but limits this to three attempted contacts.

My Signature indicates I understand my responsibilities for Section I and/or Section II of this form and certifies the application information is true.

_____ _____
Signature of Applicant Date

Note: you will be notified of the determination of your request for services after the DSPS office has received documentation regarding your disability.

Clear Form