



**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: \_\_\_\_\_