



# Disabled Student Programs & Services

3000 Campus Hill Drive | Room 1615, Livermore, CA 94551

LPC-DSPS@laspositascollege.edu

## APPLICATION FOR SERVICES

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

W#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- Are you requesting DSPS services for a short-term injury? Yes  No   
*Please provide documentation for the short-term disability if available.*
- Are you a Department of Rehabilitation client? Yes  No
- Are you (or have you ever been) a Regional Center Client? Yes  No

Briefly explain why you are requesting services through the Disabled Student Programs and Services department:

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### For Office Use Only

- |  |  |
|--|--|
| <input type="checkbox"/> Acquired Brain Injury (ABI)                     | <input type="checkbox"/> Intellectual Disability (ID)      |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Learning Disability (LD)          |
| <input type="checkbox"/> Autism Spectrum                                 | <input type="checkbox"/> Mental Health Disability          |
| <input type="checkbox"/> Blind/Low Vision                                | <input type="checkbox"/> Physical Disability               |
| <input type="checkbox"/> Deaf/Hard of Hearing (DHH)                      | <input type="checkbox"/> Other Health Condition/Disability |



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### INTERACTIVE INTAKE APPLICATION

**Student Name** \_\_\_\_\_ **W#** \_\_\_\_\_

**Term/Year** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Please complete this intake application and submit it to the Disability Resource Center (in Building 1600, Room 1615) along with documentation of your disability prior to your scheduled appointment with a Disabled Student Program and Services (DSPS) Counselor. Some sources of documentation that are commonly used to verify a disability include, but are not limited to the following:

- Appropriate agencies such as K-12 school districts, other colleges/universities, Regional Centers, Veteran's Affairs, social and/or governmental service agencies, and
- Certified or licensed professionals such as Medical Doctors, Clinical Psychologists, Therapists, Ophthalmologists, Audiologists, and Speech Therapists.

Do your best to be as detailed as possible when completing this application. Any additional information that you would like to add is welcome. You will review the forms and the application at your intake appointment, so you may ask questions at that time about items you did not understand. Your responses, the documentation of disability that you provide, and the intake appointment with the DSPS Counselor will be used to determine eligibility for services. Information you share with the DSPS is confidential, protected by the Family Educational Rights and Privacy Act (FERPA) of 1974, and will not be part of your academic record at Las Positas College (LPC).

# Las Positas College DSPS | Interactive Intake Application

Name: \_\_\_\_\_ W#: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email (1) : \_\_\_\_\_ Email (2) : \_\_\_\_\_

- **If we call you by phone, may we leave you a voice message?** Yes No
- **Are you a registered LPC student?** Yes No **For how many semesters?** \_\_\_\_\_
- **Has your mathematics and/or English placement been determined at LPC?** Yes No
  - **List the highest level math and English classes you took in High School**

Math \_\_\_\_\_ English \_\_\_\_\_

- **Have you completed the LPC online orientation?** Yes No

- **Is English your first language?** Yes No

- **What other support services are you currently receiving at LPC**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Career Center | <input type="checkbox"/> HSI                    | <input type="checkbox"/> Transition to College |
| <input type="checkbox"/> CalWORKs      | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Umoja                 |
| <input type="checkbox"/> EOPS/CARE     | <input type="checkbox"/> Middle College         | <input type="checkbox"/> Veteran's First       |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Puente                 | <input type="checkbox"/> Workability III       |

- **What are your Educational Goals?**

- Associate Degree & transfer
- Associate Degree without transfer
- Transfer
- Earn a Vocational Certificate
- Acquire job skills

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

- Update job skills
- Personal Enrichment
- Improve basic skills (i.e., English, Math)
- Undecided
- Other

- **Have you received DSPS services at another college or university?** Yes No

- **If yes, which college/university?** \_\_\_\_\_ **Dates:** \_\_\_\_\_

- **Are you a client of the Department of Rehabilitation?**  Yes  No

DOR Counselor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

- **Are you (or have you ever been) a Regional Center client?**  Yes  No

If yes, list the Regional Center(s): \_\_\_\_\_

- **In high school, I was in or had (check all that apply):**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Regular classes     | <input type="checkbox"/> IEP         |
| <input type="checkbox"/> Special day classes | <input type="checkbox"/> 504 plan    |
| <input type="checkbox"/> Resource program    | <input type="checkbox"/> Other _____ |

- **Select all disabilities that apply to you and briefly explain how it affects your learning.**

Acquired Brain Injury \_\_\_\_\_

Attention Deficit Hyperactivity Disorder \_\_\_\_\_

Autism Spectrum \_\_\_\_\_

Blind/Low Vision \_\_\_\_\_

Deaf/Hard of Hearing \_\_\_\_\_

Intellectual Disability \_\_\_\_\_

Learning Disability \_\_\_\_\_

Mental Health Disability \_\_\_\_\_

Physical Disability \_\_\_\_\_

Other \_\_\_\_\_

- **Do you have documentation verifying this disability or disabilities?**  Yes  No

- **Do you have a physician who can verify this disability or disabilities?**  Yes  No

- **Are you currently taking medication?** Yes No

- If yes, give the name of the medication, dosage, and list the side effects:

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- **Please list one emergency contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DSPS Signature

\_\_\_\_\_  
Date



## **DSPS STUDENT RIGHTS AND RESPONSIBILITIES**

Qualified students with a verified disability have the right to receive reasonable academic accommodations based on an educational limitation. The college faculty and staff shall not automatically reject an accommodation unless other effective, more feasible ones exist, or the identified accommodations will fundamentally alter the nature of the program or course in question. As a DSPS program student, the following rights and responsibilities apply to me.

*Students: Please initial each Right and Responsibility below.*

### **STUDENT RIGHTS**

- \_\_\_\_\_ Participation in DSPS shall be entirely voluntary.
- \_\_\_\_\_ Receiving DSPS support services/accommodations or DSPS instruction shall not preclude you from participating in any other course, program, or activity offered by the college. No student shall be discriminated against on the basis of disability.
- \_\_\_\_\_ Students have the right to file a grievance if they have been discriminated against by following complaint process on the college website at <http://www.laspositascollege.edu/dsps/complaint-form.php>. Students may also communicate their complaint in writing to the DSPS Director at [lpc-dsps@laspositascollege.edu](mailto:lpc-dsps@laspositascollege.edu).
- \_\_\_\_\_ All records maintained by DSPS personnel pertaining to your disabilities shall be protected from disclosure and shall be subject to the FERPA requirements for handling of student records.
- \_\_\_\_\_ Students have the right to receive academic accommodations as documented in their DSPS Academic Accommodation Plan (AAP) after plans are shared with instructors.

### **STUDENT RESPONSIBILITIES**

- \_\_\_\_\_ Students must provide the necessary documentation to verify a disability.

- \_\_\_\_\_ Students are required to follow the “Student Code of Conduct” as published in the Las Positas College catalog.
- \_\_\_\_\_ Students will meet with a DSPS counselor to complete an Academic Accommodation Plan (AAP) and agree to with meet with their DSPS counselor every semester to renew academic accommodations.
- \_\_\_\_\_ Students are responsible to provide their Academic Accommodation Plan (AAP) to faculty members in a timely manner.
- \_\_\_\_\_ Students will request accommodations, alternative media, testing accommodations, and appointments according to the established program guidelines.
- \_\_\_\_\_ Students must notify the DSPS office in advance of any absence from class or appointments if you are using readers, interpreters, and/or other assistance.
- \_\_\_\_\_ Students must return equipment on loan from the DSPS at the end of each semester.\*

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*\*Note: Unreturned equipment may result in the loss of service and/or holds placed on student accounts.*

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Failure to follow the written policies of the DSPS program may jeopardize the continuation of services. In such instances, the DSPS Director will notify you in writing that you are in violation of the DSPS policies and procedures and that if you continue to be in violation, services may be suspended or terminated. In all instances where services may be suspended or terminated, students will be invited to discuss individual situations before any action is taken. Students will also be notified in writing of the process for appeal of a decision that suspends or terminates services.

I have read, understand, and been given a copy of the *DSPS Student Rights and Responsibilities*.

Student Name: \_\_\_\_\_ W#: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NVRA Voter Preference Form (Preference Form)

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**

(Check One)

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote. (Please fill out the attached voter registration form.)  
[Click Here To Register to Vote](http://registertovote.ca.gov/?t=vra&id=55) <http://registertovote.ca.gov/?t=vra&id=55>
- No. I do not want to register to vote.

**NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.**

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

### Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11<sup>th</sup> Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at [www.sos.ca.gov](http://www.sos.ca.gov).

01/13 NVRA Voter Preference Form