



DISABLED STUDENT PROGRAMS AND SERVICES

Application to Request Academic Adjustments, Auxiliary Aids, Services and/or Instruction



Student Name		Student ID #	Date	
Phone Number	Email	Birth Date	Gender	
Mailing Address		City	State	Zip

Columbia College provides academic adjustments, auxiliary aids, services and/or instruction for students with **verified** disabilities and provides learning disabilities testing review through Disabled Student Programs & Services (DSPS). Please complete the following and return to the Special Programs Office (Manzanita 216).
Completion of this form does not imply acceptance into the DSPS program.

Section 1: Disabilities

Please check any disabilities which may apply to you.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Other Health: | | |

At which age did your disability occur?

How does your disability impact your learning?

Section 2: Learning Disabilities Test Review/Other

Columbia College provides review of test results for students to determine eligibility for academic adjustments specific to a learning disability. To be eligible for academic adjustments, a student must exhibit average to above average intellectual ability and statistically significant processing deficit(s); and/or statistically significant aptitude-achievement discrepancies in an instructional or employment setting.

☐ Yes ☐ No: Have you ever been tested for a learning disability?

If yes, how long ago?

Where?

☐ Yes ☐ No: Have you ever received Special E./504 Plan/IEP/Resource Support?

Please indicate any academic adjustments you have previously received.

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Alternate Media | <input type="checkbox"/> Digital Recorder | <input type="checkbox"/> Extended Test Time | <input type="checkbox"/> Note Taking |
| <input type="checkbox"/> Other: | | | |

Where did you receive the services:

Section 3: Columbia College

Have you applied to Columbia College DSPS program before? ☐ No ☐ Yes: How Long Ago? Units:

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

- | | | | | | |
|-------------------------------|--|-----------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> EOPS | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> VA Rehab | <input type="checkbox"/> Foster Youth | <input type="checkbox"/> County Mental Health | <input type="checkbox"/> Department of Rehab |
| <input type="checkbox"/> CARE | <input type="checkbox"/> CalWORKS | <input type="checkbox"/> VA | <input type="checkbox"/> TRIO | <input type="checkbox"/> Regional Center | <input type="checkbox"/> Adaptive PE |

It is your responsibility to provide recent written documentation (preferable within the past three years) of your disability for this application to be considered for acceptance. Columbia College DSPS may assist you by faxing release of information forms to designated provider(s) but limits this to three attempted contacts. The Yosemite Community College District uses the information requested on this form to determine a student's eligibility to receive authorized academic adjustments, auxiliary aids, services, and/or instruction provided by the Disabled Students Programs and Services (DSPS) Program. Personal information recorded on this form will be kept confidential 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 (FERPA) (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

Student Signature

Date

My signature indicates I understand my responsibilities for the sections above and certifies the application information is true