

**Golden West College**  
**Disabled Students Programs & Services**  
**[dsp@gwc.cccd.edu](mailto:dsp@gwc.cccd.edu) or (714) 895-8721**

**DSPS APPLICATION**

Student Name:  GWC Student ID:

Address:

City:  State:  Zip:

Phone:  Okay to leave a text/voicemail?  Yes  No

Email:

What is your disability?

What educational difficulties do you have?

What kind of support do you need?

Are you taking medications that may affect your learning?  Yes  No

If you are taking medications, for what condition?

If you have received accommodations from a previous school, please list them below?

List any other colleges/Universities you attended:

Are you with Dept. of Rehabilitation(DOR)?  Yes  No DOR Counselor/City:

What is your educational goal?  Associate  Certificate  High School Diploma  
 Adult Education  Undecided  University Transfer  Other

Are you affiliated with any of the following?  Veterans  EOPS  Athletics

## CONSENT OF RELEASE

I request any appropriate person, agency, or institution to release information consistent with the Federal Family Education Rights and Privacy Act of 1974, or laws/policies to this College, for use in educational/vocational planning. All information will be kept confidential as a part of my records with the DSPS at GWC. 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:

- Verification of Disability (Psychological testing and evaluation results, Learning Disabilities Assessment and Audiology and Speech language pathology reports, etc)
- Prescribed Medications
- Vocational Rehabilitation Plan
- Educational Records, including progress made

• Other:

I further give permission for DSPS personnel to discuss my educational situation with other professionals who need to know. This authorization shall remain in effect during my enrollment at Golden West College or until revoked in writing.

Yes, I give consent and authorize the above Consent of Release of information.

## RIGHTS AND RESPONSIBILITIES

I have been given a copy of my [Students Rights and Responsibilities](#) and [Specific DSPS Services Guidelines](#). I understand that I must fulfill the requirements in order to participate in DSPS. I understand the consequences of failing to comply with the rules and the responsible use of DSPS Services. I understand that I will be notified in writing before action is taken to suspend services. I affirm that I understand and agree with the [Students Rights and Responsibilities](#) and [Specific DSPS Services Guidelines](#) and DSPS responsibilities of students, and will abide by them.

Yes, I agree with the Students Rights and Responsibilities and Specific DSPS Services Guidelines

## SIGNATURE

*The Coast Community College District uses the information requested on this form for purpose of determining a student's eligibility to receive authorized special services provided by DSPS. Personal information recorded on this form will be kept confidential in order to protect disclosure. Portions of this information may be shared with 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)).*

I understand that by typing in my electronic signature below this constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

\*Signature:

\*Date:

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## STUDENT RIGHTS AND RESPONSIBILITIES

The Disabled Students Programs & Services (DSPS) provides educational services and access for eligible students with **documented disabilities** who intend to pursue coursework at Golden West College (GWC). A variety of programs and services are available, which allow eligible students with disabilities the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations.

### **Students have the right to:**

- receive services and reasonable accommodations based on their disability-related educational limitations according to Section 504, Section 508, ADA, and Title 5 Guidelines
- receive confidential treatment of their disability-related information
- be treated with dignity and respect
- appeal decisions made by the DSPS Office
- contact DSPS immediately in cases where a grievance is related to an academic accommodation. [Student grievance procedures may be found on our website](http://www.goldenwestcollege.edu/complaint-process/) (URL: <http://www.goldenwestcollege.edu/complaint-process/>)

### **Students must understand that:**

- DSPS may release information to professionals who have an educational need to know under the Family Education Rights to Privacy Act (FERPA)
- participation in DSPS shall be entirely voluntary
- participating in DSPS does not preclude the student from participating in any other course program, or activity offered by the college

### **Students are responsible for:**

- providing DSPS with the necessary documentation to verify their disability(ies)
- meeting with a DSPS Counselor to develop an Academic Accommodation Plan (AAP)
- requesting/using approved accommodations in a timely/responsible manner each semester
- notifying DSPS of any appointment cancellations
- canceling accommodations for dropped classes
- returning any equipment that is checked out at the end of each semester
- replacing any lost equipment that is checked out
- treating every DSPS Employee with dignity and respect
- checking their GWC email account for important information from DSPS & GWC
- meeting Golden West College's academic standards
- maintaining behavior appropriate to an educational setting and will be subject to [GWC Student Code of Conduct](http://www.goldenwestcollege.edu/gwcfao/conduct/) (URL: <http://www.goldenwestcollege.edu/gwcfao/conduct/>)

## SPECIFIC DSPS SERVICES GUIDELINES

Students are eligible for DSPS Services at Golden West College with the following provisions:

- Current enrollment as a GWC student
- Application for DSPS Services
- Disability Verification
- Meet with the DSPS Counselor to develop an Academic Accommodation Plan (AAP)

***Students need to contact the DSPS Office every semester in which the accommodation is needed.*** Certain accommodations may have additional conditions by which the student must abide. Early requests for accommodations are encouraged. Late requests for accommodations may result in delays due to availability. Regular contact with the DSPS Program throughout the semester will increase the student's chances of success in classes.

## SUSPENSION OR TERMINATION OF DSPS SERVICES

Eligible students may be denied services or accommodations through DSPS.

Inappropriate use of services is defined as failure to comply with GWC Student Code of Conduct (Board Policy 3902) and/or failure to comply with the policies and procedures of individual services that the student is using. Failure to comply with the terms stated within each specific services area may result in the suspension of that service.

- a. Services or accommodations may be terminated in the middle of the semester.
- b. Prior to the termination of a service, the student will be notified in writing that unless he/she meets with a DSPS Counselor/Director to discuss the area of concern, the service will be automatically terminated for fourteen (14) academic days from the date of the letter.
- c. At the meeting with DSPS Counselor/Director, the student will sign a contract to continue/resume DSPS Services, which outlines the guidelines for continuing services.
- d. Suspended services may be reinstated during the current semester only on the authorization of the DSPS Director and only if there are extenuating circumstances which warrant the reinstatement of the service.
- e. Reinstatement of services for subsequent semesters can be considered.

## LEGAL RESPONSIBILITIES OF DSPS

Title 5 Section 56010(b) of California Code of regulations indicate that a district may adopt a written policy providing for the suspension or termination of DSPS Services when a student fails to comply with responsible use of DSPS Services, service provision policies, and measurable progress policies. Such policies shall provide for written notice to the student prior to suspension or termination and shall afford the student an opportunity to appeal the decision. Each student shall be given a copy of this policy upon first applying for services from DSPS.



## DISABILITY VERIFICATION

Student Name: \_\_\_\_\_ GWC Student ID: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Items 1 through 4 must be completed by a Licensed Professional. Reports and test scores must be included for some disabilities. See page 2 of this form for requirements.**

1. Diagnosis of Disability:  ADHD  Blind/Vision  Autism  
 Acquired Brain Injury  Speech/Language  Deaf/Hard of Hearing  Physical/Mobility  
 Learning Disability  Intellectual Disability  Other: \_\_\_\_\_  
 Mental Health - **DSM-IV AXIS I & II Diagnosis and Code(s):** \_\_\_\_\_

2. Please provide the following activities significantly limited by above stated disabilities and/or side effect of medication. *Indicate level of severity as mild, moderate, or severe. 1 = mild, 2 = moderate 3 = severe*

**Mobility:**

- Fine Motor
- Manual Dexterity
- Ambulation
- Range of Motion
- Balance/Coordination
- Sitting
- Lifting
- Standing
- Reaching
- Stopping

**Learning:**

- Attention/Concentration
- Information Processing
- Memory
- Writing
- Reading
- Math Reasoning
- Communication:**
- Receptive Language
- Expressive Language
- Interacting with others

**Sensory:**

- Hearing: Please verify loss at 500db, 1000db, 2000db
- Left: \_\_\_\_\_ Right: \_\_\_\_\_
- Visual: Please verify visual acuity (i.e. 20/200)
- Left: \_\_\_\_\_ Right: \_\_\_\_\_

**Psycho/Emotional:**

- Affect
- Coping w/ stress
- Awareness
- Other:**
- Breathing
- Stamina
- Alertness
- Other activities limited: \_\_\_\_\_

Medications prescribed & dosage: \_\_\_\_\_

Accommodations Recommended: \_\_\_\_\_

Do you recommend:  Reduced Course Load  Extended Test Time  Priority Registration

3. Disability is  Permanent/Chronic  Temporary: 45 days or less  Temporary: 45 days or more

4. Disability is  Observable  Not Observable

### Licensed Professional Information

Signature: \_\_\_\_\_ Title/License #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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## DOCUMENTATION REQUIREMENTS FOR VERIFICATION OF DISABILITY

To receive services through the Disabled Students Programs & Services at Golden West College, a student must provide current documentation of a verified disability (including educational limitations and recommended accommodations) to the DSPS office.

- Documentation of Physical/Mobility and Mental/Psychological Disability should be dated within 90 days of the request.
- All other disability documentation should be dated within 3 years of the request.
- Please ensure that Educational Limitations and Recommended Accommodations are notated on the first page.
- Students with an Individualized Education Plan (IEP) must submit most recent IEP and/or Multidisciplinary Report.

Disability & Qualified Licensed Professional	Required Documentation
<b>Acquired Brain Injury</b> (deficit in brain functioning resulting in loss of cognitive, communicative, motor, psychological, and/or sensory/perceptual abilities) <ul style="list-style-type: none"> <li>• Neurologist or Neuropsychologist</li> <li>• Physician</li> </ul>	<b>Cognitive rehabilitation report/neurological assessment/medical report documenting the disability</b> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Intellectual Disability</b> (Below average intellectual functioning and potential for measurable achievement in instructional and employment settings) <ul style="list-style-type: none"> <li>• Ph.D. Psychologist</li> <li>• Psychiatrist</li> </ul>	<b>Regional Center certification and/or psychological report (usually WAIS III or WISC III) documenting the disability</b> <ul style="list-style-type: none"> <li>• Standard scores and/or descriptions of adaptive behavior levels</li> <li>• Standard scores (not grade level equivalents nor percentile ranks) from recent academic achievement assessment (reading, spelling, math, etc.)</li> </ul>
<b>Deaf/Hard of Hearing</b> (loss of hearing function which impedes language, educational, social, and/or cultural interactions) <ul style="list-style-type: none"> <li>• Audiologist; Certified Otologist</li> <li>• Physician</li> </ul>	<b>Current audiogram documenting the disability</b>
<b>Learning Disability</b> (average to above average intellectual ability, severe processing deficit, severe aptitude achievement discrepancy, and measured achievement) <ul style="list-style-type: none"> <li>• Ph.D. Psychologist; Psychiatrist</li> <li>• College/University LD Specialist</li> </ul>	<b>Psychological report documenting the disability</b> <ul style="list-style-type: none"> <li>• Cognitive ability test standard scores (usually the WAIS III or WISC III)</li> <li>• Achievement test standard scores (usually the WJ III)</li> </ul>
<b>Physical/Mobility</b> (serious limitation in locomotion and/or motor function) <ul style="list-style-type: none"> <li>• Physician; Nurse Practitioner</li> </ul>	<b>Medical report documenting the disability</b>
<b>Mental Health</b> (persistent psychological or psychiatric disorder; emotional or mental illness) <ul style="list-style-type: none"> <li>• Ph.D. Psychologist; Psychiatrist</li> <li>• LMFCC, LCSW, MSW; Physician</li> </ul>	<b>Psychological report documenting the DSM Code and Axis</b>
<b>Speech/Language</b> (disorders of voice, articulation, rhythm, and/or receptive and expressive processes) <ul style="list-style-type: none"> <li>• Speech and Language Pathologist</li> </ul>	<b>Speech/Language report documenting the disability</b>
<b>Blind/Vision</b> (total or partial loss of sight) <ul style="list-style-type: none"> <li>• Ophthalmologist; Optometrist; Physician</li> </ul>	<b>Current vision test documenting the disability</b>
<b>ADHD/Other Disability</b> (does not fall into any of the above disabilities but indicates a need for support services) <ul style="list-style-type: none"> <li>• Qualified Licensed Professional</li> <li>• ADHD: Ph.D. Psychologist; Psychiatrist; or Physician</li> </ul>	<b>Medical or professional report documenting the disability</b>

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