



DISABLED STUDENT PROGRAMS AND SERVICES

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



Student Name (include maiden name or other names as needed)		Student ID #	Date	
Phone Number	Email @my.yosemite.edu	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 Ed./504 Plan/IEP/Resource Support?

Please indicate any academic adjustments your 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 the Columbia College DSPS program before?

No Yes: How long ago?

Units Completed:

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**. See disability verification form

Student Signature

Date

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



DISABLED STUDENT PROGRAMS AND SERVICES

Disability Verification



Section 1: Student Information to be Completed by Student

Student Name (include maiden name or other names as needed)	Student ID #	Date	
Mailing Address	City	State	Zip

Section 2: To be Completed by Licensed or Certified Professional

Please provide the following information in full to help determine reasonable educational accommodations for this student:

Diagnosis	DSM-5 Code (if applicable)	Severity
		<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Residual/Remission

Functional Limitations: Please provide the following activities which are significantly limited by the above stated disabilities.

Physical			
<input type="checkbox"/> Ambulation	<input type="checkbox"/> Balance	<input type="checkbox"/> Coordination	<input type="checkbox"/> Fine Motor
<input type="checkbox"/> Lifting	<input type="checkbox"/> Manual Dexterity	<input type="checkbox"/> Range of Motion	<input type="checkbox"/> Reaching
<input type="checkbox"/> Standing	<input type="checkbox"/> Sitting	<input type="checkbox"/> Stooping	
Learning			
<input type="checkbox"/> Adaptive Skills Areas	<input type="checkbox"/> Attention/Concentration	<input type="checkbox"/> Information Processing	<input type="checkbox"/> Math Reasoning
<input type="checkbox"/> Memory	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing	
Sensory			
<input type="checkbox"/> Hearing	<input type="checkbox"/> Visual		
Communication			
<input type="checkbox"/> Expressive Language	<input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Receptive Language	
Other			
<input type="checkbox"/> Alertness	<input type="checkbox"/> Breathing	<input type="checkbox"/> Stamina	<input type="checkbox"/> Testing
Other major life activities that are limited:			
<input type="checkbox"/> Observable <input type="checkbox"/> Not Observable			
Duration of disability: <input type="checkbox"/> Permanent/Chronic <input type="checkbox"/> Temporary <45 days* <input type="checkbox"/> Temporary >45 days*			
*If the nature of the condition is temporary, please provide the date of your next re-evaluation and estimated length of disability.			

Section 3: Verification of Licensed or Certified Professional

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request

Address	City	State	Zip	Phone Number

Licensed or Certifying Professional Signature

Date

Printed Name

Title/License/Certification #

The Yosemite 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 the Disabled Students Programs and Services (DSP&S). 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 (FERPA) 20 U.S.C. 1232 (g). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. sec. 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.



DISABLED STUDENT PROGRAMS AND SERVICES

The following disability categories (with) definitions are used for funding purposes as set forth in Sections 56032-44 of California Educational Code, Title V



56032. Physical Disability

Physical disability is defined as a limitation in locomotion or motor functions. These limitations are the result of specific impacts to the body's muscular-skeletal or nervous systems, and limit the student's ability to access the educational process.

56034. Deaf and Hard of Hearing (DHH)

Deaf and Hard of Hearing (DHH) is defined as a total of partial loss of hearing function that limits the student's ability to access the educational process.

56035. Blind and Low Vision

Blindness and low vision is defined as a level of vision that limits the student's ability to access the educational process.

56036. Learning Disability

Learning Disability (LD) is defined as a persistent condition of presumed neurological dysfunction which may exist with other disabling conditions. The dysfunction is not explained by lack of educational opportunity, lack of proficiency in the language of instruction, or other non-neurological factors, and this dysfunction limits the student's ability to access the educational process. To be categorized as a student with a learning disability a student must meet the following criteria through psycho-educational assessment verified by a qualified specialist certified to assess learning disabilities: (a) Average to above-average intellectual ability; and (b) Statistically significant processing deficit(s); and/or (c) Statistically significant aptitude-achievement discrepancies.

56037. Acquired Brain Injury (ABI)

Acquired Brain Injury (ABI) is defined as a deficit in brain functioning which results in a total or partial loss of cognitive, communicative, motor, psycho-social and/or sensory-perceptual abilities, and limits the student's ability to access the educational process.

56038. Attention-Deficit Hyperactivity Disorder (ADHD)

Attention-Deficit Hyperactivity Disorder (ADHD) is defined as a neurodevelopmental disorder that is a persistent deficit in attention and/or hyperactive and impulsive behavior that limits the student's ability to access the educational process.

56039. Intellectual Disability (ID)

Intellectual disability (ID) is defined as significant limitations both in intellectual functioning and in adaptive behavior that affect and limit the student's ability to access the educational process. An individual may have an intellectual disability when: (a) the person's functioning level is below average intellectual ability; and (b) the person has significant limitations in adaptive skill areas as expressed in conceptual, social, academic and practical skills in independent living and employment; and (c) the disability originated before the age of 18.

56040. Autism Spectrum

Autism Spectrum disorders are defined as neurodevelopmental disorders described as persistent deficits which limit the student's ability to access the educational process. Symptoms must have been present in the early developmental period, and cause limitation in social, academic, occupational, or other important areas of current functioning.

56042. Mental Health Disability

Mental Health disability is defined as a persistent psychological or psychiatric disability, or emotional or mental illness that limits the student's ability to access the educational process. For purposes of this subchapter, conditions that are not described and/or excluded in the American Psychiatric Association Diagnostic and Statistical Manual (DSM) or the American with Disabilities Act (ADA) are not covered in this category.

56044. Other Health Conditions and Disabilities

This category includes all students with disabilities, as defined in Section 56002, with other health conditions, and/or disabilities that affect a major life activity, which are otherwise not defined in Sections 56032-56042, but which limit the student's ability to access the educational process.



DISABLED STUDENT PROGRAMS AND SERVICES

FERPA/Consent for Release of Information

This document will remain in the student file



Student Name (include maiden or other names as needed)		Student ID #	Date	
Phone Number	Email @my.yosemite.edu	Birth Date	Gender	
Mailing Address		City	State	Zip
CHOOSE ONE ONLY: DSPS sends reminders for appointments, college deadlines and alerts, and other essential DSPS information. <input type="checkbox"/> Yes: Please use the phone number above or this cell phone number at the right to send me information <input type="checkbox"/> Yes: Please use the email above to send me information			Cell Phone Number	

- This form is in compliance with the Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. § 1232g; 34CFR Part 99.
- FERPA is a Federal law that protects the privacy of student educational records.
- The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

CONSENT FOR RELEASE OF INFORMATION TO COLUMBIA COLLEGE DISABLED STUDENT PROGRAMS AND SERVICES

I, the undersigned, authorize **Columbia College Disabled Student Programs and Services (DSPS)** to release my personal records to appropriate personnel, agencies, or institutions who may request those records in assistive areas listed below. I understand the release of informational items is contingent upon compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 or other pertinent laws, regulations, or policies.

Additionally, I give permission for DSPS Certificated staff members to discuss my educational progress or the lack thereof with other professionals who may have a legitimate educational need to know. I authorize release of any and all disability information needed to determine my eligibility for services in the Disabled Student Programs and Services program.

- | | | |
|--|---|--|
| <input type="checkbox"/> Audiology/Speech/Language Reports | <input type="checkbox"/> Disability Verification | <input type="checkbox"/> Educational Records |
| <input type="checkbox"/> Learning Disability Assessment | <input type="checkbox"/> Psychological Testing/Results Evaluation | <input type="checkbox"/> Vocational Rehab Plan |
| <input type="checkbox"/> Other | | |

AGENCY/DOCTOR/PERSON RELEASE

I hereby authorize DSPS to release my information to the following agency/doctor/person.

Agency Name	Agency Department	Agency Contact
Agency Address, City, State Zip	Agency Phone Number	Agency Fax

INSTRUCTOR RELEASE

I hereby authorize **Columbia College Disabled Student Programs and Services Certificated Staff**, to notify my instructor(s) that I have a verified disability and I am eligible for appropriate accommodations which will facilitate my success in the classes at the community college. Staff may also follow-up with my instructor(s) regarding my progress in courses. This release will remain in effect so long as I am a student with Columbia College. I may be requested to sign a new instructor release as a returning student depending on the amount of time I have been away from Columbia College.

THIRD PARTY RELEASE

I hereby authorize **Columbia College Disabled Student Programs and Services Certificated Staff** to discuss all aspects of my educational program/progress while attending College with my parent/guardian/third party so long as I have listed that person below*.

*Name(s) of authorized parent, guardian, third party
Password for authorized parent, guardian, third party Note: This document must be signed in person and verified by Special Programs personnel prior to speaking to the parent / guardian / third party on the phone.

Student Signature (by signing I agree to all the releases above) _____ Date _____

Parent/Guardian Signature (Only required if student is under 18 years of age) _____ Date _____



DISABLED STUDENT PROGRAMS AND SERVICES

Know Your Rights and Responsibilities



Students with disabilities have the right to expect:

- Full and equal participation in the services and activities of Columbia College and Disabled Student Programs and Services (DSPS). Participation by students with disabilities in DSPS shall be entirely *voluntary*.
- Academic adjustments, auxiliary aids and services and/or instruction in response to documented disabilities.
- Confidential information about their disability will not be shared without their prior consent unless permitted by law and then only on a "need-to-know" basis.
- Limited access to anecdotal information maintained by DSPS.
- Information about DSPS policies, procedures, academic adjustments, auxiliary aids, services and/or instruction will be readily available in alternate formats upon timely request.

Students with disabilities have the responsibility to:

- Meet qualifications and maintain essential institutional standards for courses, programs, services, jobs and activities.
- Read the current Columbia College catalog section entitled *Student Code of Conduct*. All Columbia College students, including students with disabilities, will be held to the same standards of personal conduct, decorum, and behavior.
- Self-identify and self-advocate for academic adjustments, auxiliary aids, and services in a timely manner.
- Provide DSPS verifiable documentation of disability prior to the authorization for any academic adjustments, auxiliary aids, services and/or instruction.
- Demonstrate and/or provide documentation about how their disability limits their participation in courses, programs, services, jobs and activities for the development of the **Academic Accommodation Plan (AAP)**. Make *measurable progress* when enrolled in educational assistance programs.
- Follow established policies and procedures for obtaining academic adjustments, auxiliary aids, services and/or instruction.

Columbia College has the right to:

- Establish essential functions, abilities, skills, knowledge, and standards for courses, programs, academic adjustments, auxiliary aids, services and/or instruction.
- Determine appropriate standards in developing, constructing, remodeling, maintaining physical facilities.
- Confirm disability status on a student (for academic adjustment purposes) after requesting, receiving, and reviewing current and appropriate documentation. The documentation must support any request for academic adjustments, auxiliary aids, services and/or instruction.
- Discuss and develop academic strategies for students with disabilities.
- Deny a request for an academic adjustment, auxiliary aid, service and/or instruction, if the student's documentation of disability does not corroborate the need or support the student's request.
- Select among equally effective academic adjustments, auxiliary aids, services and/or instruction.
- Deny any academic adjustment, auxiliary aid, service and/or instruction, or facility-related request resulting in an undue financial or administrative burden on the institution.

The College has the responsibility to:

- Generate an **Academic Accommodation Plan (AAP)** and maintain a record of the interactive process between each DSPS student and a DSPS certificated staff member regarding academic adjustments, auxiliary aids, services and/or instruction necessary to provide the student equal access to the educational process, given the educational limitations resulting from the student's disabilities. This applies to each student that chooses to register with DSPS. The college delegates to DSPS the responsibility for developing AAPs. The AAP will authorize certain academic adjustments, auxiliary aids, services and/or instruction that may mitigate the impact of a student's disability in the major life activity of learning.
- Provide readily accessible information to faculty, staff, students, and community agencies regarding disability policies mandated by law (state and federal) and implementing procedures available by the college and DSPS.

- Ensure that courses, programs, services, jobs, activities and facilities, when viewed in their entirety, are accessible in the most integrated and appropriate settings.
- Evaluate student performance based on ability, not disability.
- Respond to requests for academic adjustments, auxiliary aids, services and/or instruction and access to courses, programs, services, jobs, activities, and facilities in a timely manner.
- Provide authorized academic adjustments, auxiliary aids, services in a timely manner.
- Maintain all documentation verifying disability in a secure environment that ensures confidentiality.

Subsequent to the receipt of appropriate documentation, an **AAP** will be developed based on the following criteria:

- Does the student have a disability? "Disability" is defined in the Americans with Disability Act of 1990 (ADA) and ADAA (2008) as a physical or mental impairment that substantially limits one or more major life activities. A physical impairment is a physiological condition, cosmetic disfigurement, or anatomical loss that affects one or more of the basic body systems/functions (e.g., neurological, musculoskeletal, respiratory, cardiovascular, digestive, bowel, bladder, etc.). A mental impairment is a "mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities."
- Does the disability substantially limit a major life activity? (e.g., walking, seeing, speaking, hearing, breathing, learning, performing manual tasks, caring for oneself, working, sitting, standing, bending, lifting, reaching, thinking, concentrating, communicating and sleeping). Is the student "otherwise qualified" for the course, program, or activity?
- Did the student initiate a request for an academic adjustment, auxiliary aid, or service? Did the request for an academic adjustment, auxiliary aid, and/or service follow established DSPS policy and procedure?
- Is the request reasonable and readily achievable? Does it result in a financial or administrative burden on the college?
- Does the requested academic adjustment, auxiliary aid and/or service fundamentally alter a course curriculum or course of study so significantly that it alters the required objectives or content of the curriculum?

YOU HAVE THE RIGHT TO APPEAL:

Should DSPS not approve an accommodation or later suspend an authorization.

To initiate your right to appeal, contact: Vice President of Student Services
 11600 Columbia College Drive
 Sonora, CA 95370
 (209) 588 - 5132

I affirm that I have read and understand my rights and responsibilities.

Student Name Printed

Student ID #

Student Signature

Date