

**DOWNEY ADULT SCHOOL
DISABLED STUDENT PROGRAMS AND SERVICES
NEW STUDENT APPLICATION**

Please complete both sides of this application to the best of your ability.

PART 1: BACKGROUND INFORMATION

Name: _____ Student #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: (Cell) _____ D.O.B. _____

Are you a client of the Department of Rehabilitation? **Y N**

SELF REPORT - Check and describe all disabilities that apply:

___ Acquired Brain Injury: Head injury Stroke Other _____ Date: _____
___ Intellectual Disability: Slow learner Intellectual disability Other _____
___ Deaf/Hard of Hearing: Deaf Hard of Hearing I use sign language interpreters
___ Learning Disability: I think I might have a learning disability Tested in: High School College
___ Physical Disability: Injury Genetic/congenital condition Other _____
Affects: Hands/arms/shoulders Feet/knees/legs Back/Neck Use wheelchair
___ Mental Health Disability: Depression Anxiety Bipolar Schizophrenia Other _____
___ ADHD: Mild Moderate Severe I use a communication device
___ Blind/Low Vision: Low vision Legally blind Blind I use: Enlarged materials Audio Braille
___ Other Health Condition & Disability: Other medical condition: _____
___ Autism Spectrum

Are you taking any medication? **Y N** Specify: _____

Do you experience seizures? **Y N** Describe: _____

Please list your class/program: _____

What is your long term educational goal? __ Certificate __ Job Skills __ Personal Development

What is your long term career goal? _____

CONTACT INFO - Please provide the name and location for any of the following contacts you may have:

Emergency Contact: _____ Relationship: _____ Phone: _____
Dept. of Rehabilitation Counselor: _____ City: _____ Phone: _____
Mental Health Counselor: _____ City: _____ Phone: _____
Regional Center Counselor: _____ City: _____ Phone: _____

Please list any other colleges you have attended: _____

Please describe any prior vocational training or work experience: _____

Do you currently work? **Y N** How many hours per week? _____ Describe: _____

Please indicate if you are receiving services or funding from any of these campus or community programs:

- SSI/SSDI Financial Aid/Fee Waiver EOPS
- CAL Works Veterans Administration Worker's Comp

How many classes do you plan to enroll in per semester? 1 2 3 4 5 or more

How will you get to campus? Drive Walk/bike Get a ride Bus/metro ACCESS

Services you would like to request from DSPS: _____

PART 2: ACADEMIC PROFILE QUESTIONNAIRE

Computer proficiency (circle): None Basic Intermediate Advanced

Computer Skills: Internet Word Processing Email

How do you handle stress? _____

Describe any coping strategies you use: _____

Do you ask questions when you are unsure of what is expected of you? _____

Do you have friends and/or acquaintances on campus? **Y N** Describe: _____

Do you participate in any extra-curricular activities? **Y N** Describe: _____

Do you have a stable home environment? **Y N** Describe: _____

Please indicate if you have difficulty with any of the following activities and briefly describe your issues:

ACTIVITY	YES	NO	DESCRIBE
<i>Do you have difficulty?</i>			
Listening?			
Managing your time?			
Taking notes in class?			
Completing assignments?			
Taking exams?			
Participating in class?			
Remembering important information?			
Concentrating in class?			
Concentrating while studying?			
Concentrating during exams?			
Communicating with your instructors?			
Communicating and interacting with other students?			
Managing emotions?			

I wish to apply to Disabled Student Programs and Services. The information I have provided is true and accurate to the best of my knowledge. I understand that the application materials I have submitted will be reviewed by a specialist to determine my eligibility for services and that further documentation may be necessary.

Signature: _____ Date: _____

