



Disabled Student Programs & Services (DSP&S)
 26455 Rockwell Canyon Road, Santa Clarita, CA 91355
 (661) 362- 3341 • TDY (661) 255-7967 • FAX (661) 362-5716

DSP&S APPLICATION FOR SERVICES

Date: _____ **Student ID #:** _____

Name: _____ **Birthdate:** _____

Address: _____

City, State & Zip: _____

Telephone: _____ **Alternate Telephone:** _____

DSP&S Program Overview:

The DSP&S Program provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at College of the Canyons. A variety of programs and services are available which afford eligible students with disabilities the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations. Completion of this form constitutes an agreement to apply for Disabled Student Programs and Services (DSP&S).

Student Responsibilities:

- I will provide the DSP&S with the information, documentation, and/or forms (medical, educational, etc.) deemed necessary by DSP&S to verify my disability(ies).
- I will meet with a DSP&S professional to complete a Student Education Contract (SEC), and agree to meet with the professional at least annually to update the SEC.
- I will utilize the DSP&S in a responsible manner. I understand that the DSP&S uses written service provision policies and procedures that must be adhered to for continuation of services.
- I will comply with the Student Code of Conduct and academic standards established by the college and make measurable progress towards the goals established in the SEC.

I understand that I must fulfill the requirements for participation in the DSP&S Program. I understand that failing to meet one or more of the above requirements may lead to suspension or termination of DSP&S services. I understand that I will be notified in writing or by telephone before any action is taken to suspend services. By signing this application, I affirm that I understand and agree with the DSP&S Program responsibilities of students and I will abide by them.

DSPS Specialist Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

The 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) Program. 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 statues regarding confidentiality, including the Family Educational Rights and Privacy Act (20 USC 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 USC 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.

Office Use Only: Fall Winter Spring Summer