

# Mesa College Disability Support Programs and Services Application for Services

TODAY'S DATE: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Student ID#: \_\_\_\_\_ DOB: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Pager/Cell Phone: \_\_\_\_\_

Have you applied to Mesa College (Admissions)? Yes No

Have you taken the Placement Tests? **MATH:** Yes/No **ENGLISH:** Yes/No **ESL:** Yes/No

If not, do you need extended time for test taking? Yes / No

Would you like assistance with Voter Registration? Yes No

Have you previously received services from Mesa College's DSPS Office? Yes/No Year \_\_\_\_\_

<p><input type="checkbox"/> <b>Acquired Brain Injury</b></p> <p><input type="checkbox"/> <b>Developmentally Delayed Learner</b></p> <p><b>Hearing</b></p> <p><input type="checkbox"/> Deaf</p> <p><input type="checkbox"/> Hard of Hearing</p> <p><input type="checkbox"/> I use Sign Language</p> <p><b>Mobility</b></p> <p><input type="checkbox"/> Amputation</p> <p><input type="checkbox"/> Arthritis</p> <p><input type="checkbox"/> Cardiovascular</p> <p><input type="checkbox"/> Cerebral Palsy</p> <p><input type="checkbox"/> Gastrointestinal Disorders</p> <p><input type="checkbox"/> Immune System Disorders</p> <p><input type="checkbox"/> Multiple Sclerosis</p> <p><input type="checkbox"/> Muscular Dystrophy</p> <p><input type="checkbox"/> Orthopedic</p> <p><input type="checkbox"/> Post Polio</p> <p><input type="checkbox"/> Respiratory</p> <p><input type="checkbox"/> Other:</p>	<p><b>Visual</b></p> <p><input type="checkbox"/> Blind</p> <p><input type="checkbox"/> Visual limitation</p> <p><input type="checkbox"/> <b>Speech/Language Disability</b></p> <p><input type="checkbox"/> <b>Psychological Disability</b></p> <p><b>Other Disabilities</b></p> <p><input type="checkbox"/> AIDS/HIV+</p> <p><input type="checkbox"/> Attention Deficit Disorder (ADD or ADHD)</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Hemophilia</p> <p><input type="checkbox"/> Other:</p> <p><b>Learning Disability (LD)</b></p> <p><input type="checkbox"/> Requesting 1<sup>st</sup> Time LD assessment at a California Community College. If requesting first time assessment, DSPS <u>must</u> determine eligibility for LD services.</p> <p><input type="checkbox"/> LD has been verified. Where: _____</p> <p><input type="checkbox"/> LD booklet given (date) _____ by _____</p>
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**It is the responsibility of the student seeking accommodation and service to provide a comprehensive evaluation verifying the disabling condition and the resultant limitations.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_