



APPLICATION TO REQUEST DISABILITY SUPPORT SERVICES

Name

Last First M SWC ID #

Address

Street City State Zip Code

Phone

Mobile/Home To Receive Texts Confidential (for leaving private messages)

Birthdate

College eMail

Emergency Contact

Emergency Contact Phone

Southwestern College provides support services, through the Disability Support Services (DSS) Office, for eligible students with documented disabilities who intend to pursue coursework at SWC.

Completion of this form constitutes an agreement to apply for DSS. Please complete the following and return to the DSS Office, Room 68-108, in the Student Services Center.

Please check any disabilities that may apply to you:

- Acquired Brain Injury
- ADHD
- Autism Spectrum
- Deaf/Hard of Hearing
- Intellectual Disability
- Learning Disability
- Mental Health
- Mobility
- Speech / Language
- Visual Impairment
- Other Conditions:

At what age did your disability occur?

How does your disability impact your learning?

Please list any academic accommodations previously received:

Have you received Special Education Services in the past?

Resource Specialist Program (RSP) Special Day Class (SDC) Speech/Language Therapy

Are you a client of any of the following agencies?

Department of Rehabilitation Regional Center County Mental Health

Have you applied for or are you currently participating in any of the following programs?

EOPS Financial Aid

Are you a veteran? Yes No

Student Responsibilities

1. I will provide DSS with recent written documentation (medical, educational, etc.) that verifies my disability.
2. I will meet with a DSS professional to discuss my progress each semester.
3. I will follow the DSS Service Policy.

My signature certifies the application information is true. I understand the three student responsibilities.

Once your application and verification have been processed, please know that it can take up to two weeks for you to be scheduled for an eligibility appointment.

Applicant's Signature _____ DATE

I acknowledge receipt of voter registration information in compliance with the National Voter Registration Act.

To request this material in alternate media, please call voice (619) 482-6512 or VP (619) 207-4480.

Office Use: Date Received: Initials: