



## 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 S108, in the Student Services Center.**

**Please check any disabilities that may apply to you:**

Acquired Brain Injury

Intellectual Disability

Speech / Language

ADHD

Learning Disability

Visual Impairment

Autism Spectrum

Mental Health

Other Conditions:

Deaf/Hard of Hearing

Mobility

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

Other

**Are you a client of any of the following agencies?**

Department of Rehabilitation

Regional Center

VA Rehab

County Mental Health

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

EOPS

Puente

MESA

Financial Aid

CalWORKs

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.
4. I will comply with Standards of Student Conduct found in the Southwestern College Student Policy Manual.

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

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: