APPLICATION TO REQUEST DISABILITY SUPPORT SERVICES

Name _____ _____ ____ SWC ID # _____
Last *First* *M*

Address _____ _____ ____ _____
Street *City* *ST* *Zip*

Home Phone _____ Emergency Contact: _____ _____
Name Phone

Cell Phone _____

Birthdate _____ Email Address: _____
(dd/mm/yyyy)

Southwestern College provides support services for eligible students with documented disabilities who intend to pursue coursework at SWC through the Disability Support Services (DSS) Office. Completion of this form constitutes an agreement to apply for DSS. Please complete the following and return to the DSS Office in the Student Services Center.

Please check any disabilities that may apply to you:

- ❑ Visual Impairment
- ❑ Deaf/Hard of Hearing
- ❑ Speech/Language Communication
- ❑ Acquired Brain Injury
- ❑ Learning Disability
- ❑ Developmentally Delayed Learner
- ❑ Mobility
- ❑ Psychological
- ❑ Other Health 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 ❑ 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? (optional) ○ Yes ○ No

Student Responsibilities

1. I will provide DSS with recent written documentation (medical, educational, etc.) that verifies my disability.
2. I will meet annually with a DSS professional to update my Student Educational Contract.
3. I will follow the DSS Service Policy.
4. I will comply with Student Conduct Standards found in the Southwestern College Student Policy Manual.

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

_____ _____
Applicant's Signature **DATE** (dd/mm/yyyy)

❑ 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.

Email this form