

APPLICATION FOR SERVICES

Name: _____ DOB: _____ Student ID: _____

Address: _____

Preferred Phone: _____ E-mail Address: _____

GENERAL INFORMATION

Diagnosis of Disability: _____

Major: _____ Educational Goal: _____

Other colleges attended: _____

Have you ever received services from any other DSPS/LD Office? Yes No

If so, where: _____

Are you receiving support services through other programs? (check all that apply)

- EOPS
- Cal WORKS
- WorkAbility III
- SSI/SSDI
- Veterans
- Department of Rehabilitation
- Alta Regional
- Other: _____

Counselor(s): _____

EDUCATIONAL HISTORY

How has your disability impacted your education? _____

Have you ever received Special Education support? Yes No

Have you ever been tested for a Learning Disability? Yes No

Student Signature

Date

