



**Pasadena City College
Disabled Student Programs and Services
Application For Services**

Date: _____

First Name: _____ M.I. _____ Last Name: _____

Lancerpoint ID: _____ Date Of Birth (optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone _____ Cell Home Video Phone

Secondary Phone _____ Cell Home Video Phone

Lancerpoint email: _____ @go.pasadena.edu

Alternate email: _____

DSP&S Background

You are requesting accommodations for: Spring Summer Fall Winter

Do you need immediate accommodations for a class in which you are currently enrolled: Yes No

The Accommodation I need is: _____

Have You Attended College/University Before? Yes No

Which Colleges/Universities? _____

Have you used disability services before? Yes No

Which College? _____ Year: _____

Accommodations Received: _____

Educational Information and Goals

What Is Your Long-Term Educational Goal _____

What are your academic goals At PCC? AA/AS Transfer Certificate Job Skills

Personal Enrichment Other (Please Explain): _____

What is your long-term educational or Career Goal(s)? _____

Off-Campus Support

Department of Rehabilitation Regional Center Veteran's Affairs

Department of Mental Health SSI SSDI TANF

Other: _____

Name of Contact: _____

Telephone/Email: _____

On-Campus Support Services

Who referred you to DSP&S at PCC? _____

Do you use any of these On-Campus Services:

- EOP&S CARE Foster Youth Calworks PASS Pathways
- Veteran’s Resource Center (VRC) The Zone Other: _____

Have you applied for: Financial Aid BOGG Fee Waiver

Are you involved in any on-campus clubs or organizations? Yes No

Please Describe:

Health and disability information

Check all disabilities that apply:

- Acquired Brain Injury/TBI Intellectual Disabilities PTSD
- Autism Spectrum Disorder Learning Disability Seizure Disorder/Epilepsy
- ADD/ADHD Mental Health Disability Speech/Language Impairment
- Deaf or Hard Of Hearing Physical Disability Blind/Visually Impaired
- Other (Please Describe): _____

Additional Information: _____

Do you need help evacuating in case of an emergency? Yes No

Other Concerns _____

Privacy information

*The Community College District uses the information requested on this form for the purpose of determining a student’s eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSP&S) Program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor’s Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232 (g)). The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.

I am requesting DSPS services related to the educational process at PCC. I understand that DSPS services will not be provided until I submit verification of disability and meet with a DSPS Professional to determine reasonable accommodations.

Student Signature _____ Date _____

Date and Time of Appointment (Office Use Only)
