

BARSTOW COLLEGE

Disabled Students Program and Services

I. PERSONAL INFORMATION

Name: _____ SS/ID# _____ Date: _____

Address: _____ City/Zip: _____

Date of Birth: _____ Gender: (circle one) Male/Female Home Phone: _____

E-Mail address _____

Are you receiving services through: EOPS SSI/SSDI CalWORKS Financial Aid

III. DISABILITY INFORMATION

Do you have a HEALTH / PSYCHOLOGICAL / LEARNING disability? Yes No I don't know

Type of Disability _____

Description of Disability _____

Secondary Disability _____

STUDENT RIGHTS AND RESPONSIBILITIES

RIGHTS

- My participation in DSP&S shall be entirely voluntary.
- Receiving support services through DSP&S shall not preclude me from also participating in any other course, program or activity offered by the college or from receiving basic accommodations required by state and federal law.
- All records maintained by DSP&S personnel pertaining to my disability(s) shall be protected from disclosure and shall be subject to all other requirements for handling of student records.

RESPONSIBILITIES

- I will provide DSP&S with the necessary information, documentation and/or forms (medical, educational, etc.) to verify my disability.
- I will meet with a DSP&S Counselor/Specialist to complete a Student Educational Contract and then meet with the Counselor/Specialist at least annually (twice per semester preferred) to update the Student Educational Contract. I will use the DSP&S services in a responsible manner.
- I will comply with the Student Code of Conduct adopted by the college.
- I must demonstrate measurable progress toward the goals established in my Student Educational contract (SEC).

Student's Signature: _____

Date: _____

Please print and fill out this application. Return it to the DSP&S office in back of the cafeteria.