



Barstow Community College ACCESS Intake Form

Student Information

Name _____
Preferred Name

B-Number _____

Disability Information

- Blind and Low Vision
- Deaf/Hard of Hearing
- Acquired Brain Injury
- Learning Disability
- Physical Disability
- Mental Health Disability
- Intellectual Disability
- ADHD
- Autism Spectrum
- Other Health Conditions and Disabilities:

How does this disability limit your education?

Are you currently a client with the Department of Rehab? Yes No

Are you currently taking any medications that may influence your educational performance? Yes No

If yes, please attach a list of the names and reason for such medications.

Please list any services you have received from any prior institutions. For example, accommodations listed on a high school IEP.

OFFICE USE ONLY

Eligibility Factors	<u>Staff Initials/Date</u>	Disability Verification	<u>Staff Initials/Date</u>
Documents Submitted	_____	IEP	_____
Scheduled Counseling Appointment	_____	Doctor Verification	_____
Emailed Counselor Appointment Date	_____	Psychological Evaluation	_____
		ACCESS Verification Form	_____
		Other	_____

DATABASE ENTRY

Staff Initials/Date

Staff Initials/Date

Banner Data Entry _____

Access File Created: _____



BARSTOW COMMUNITY COLLEGE

ACCESS RIGHTS AND RESPONSIBILITIES

Barstow Community College District provides educational services and access for students with documented disabilities who intend to pursue coursework at Barstow Community College. A variety of programs and services are available which gives students with disabilities the opportunity to participate fully in all aspects of Barstow Community College programs and activities through appropriate and reasonable accommodations. By completing this form, I am applying for services from the Accessibility Coordination Center and Educational Support Services (ACCESS).

Legal Name: _____

B Number: _____

Phone: _____

Rights

- My participation in ACCESS shall be entirely voluntary.
- Receiving support services or instruction through ACCESS shall not preclude me from also participating in any other course, program or activity offered by Barstow Community College, or from receiving basic accommodations required by state and federal law.
- I have been advised that a copy of ACCESS Student Handbook (policies & procedures) and the opportunity to register to vote in local, state, and national elections via “Motor Voter Registration” is available to me on the Special Programs and Services Canvas webpage.
- All records maintained by ACCESS 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 ACCESS with the necessary documentation and/or forms (medical, educational, etc.) to verify my disability.
- I will meet with an ACCESS Counselor to complete an Academic Accommodation Plan (AAP), and also meet with an ACCESS Counselor at least once per semester to update the Academic Accommodation Plan.
- I will utilize ACCESS services in a responsible manner. I understand that ACCESS uses written service provision policies and procedures, which must be adhered to for continuation of services.
- I will comply with the Student Code of Conduct adopted by Barstow Community College.
- I must demonstrate measurable progress toward the goals established in my Student Education Plan (SEP).

NOTE: Authorities cited: Title 5 C.C.R. Section 56000 m., Education Code Sections 66701, 67310-37612, 70901, and 84850.

I understand and agree to the above Student Rights and Responsibilities, and I will abide by them. I give permission for ACCESS staff to discuss my educational situation with other professionals who have a legitimate educational need to know. I have been given a copy of this document.

Student Signature: _____

Date: _____