



APPLICATION TO REQUEST DISABILITY SUPPORT SERVICES

Name	_____	_____	_____	SWC ID	_____
	<i>Last</i>	<i>First</i>	<i>M</i>		
Address	_____	_____	_____	_____	_____
	<i>Street</i>	<i>City</i>	<i>ST</i>	<i>Zip</i>	
Phone	_____	_____	Phone	_____	_____
	<i>Mobile/Home</i>	<i>To receive text messages</i>		<i>Confidential (for leaving private messages)</i>	
Birthdate	_____	College eMail	_____		
Emergency Contact	_____	Emergency Contact Phone	_____		

Southwestern College provides support services, through the Disability Support Services (DSS) Office, for eligible students with documented disabilities who intend to pursue coursework at SWC. Completion of this form constitutes an agreement to apply for DSS. Please complete the following and return to the DSS Office, Room S108, in the Student Services Center.

Please check any disabilities that may apply to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Deaf/Hard of Hearing (circle one) | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Speech / Language | <input type="checkbox"/> 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 with a DSS professional to discuss my progress each semester.
3. I will follow the DSS Service Policy.
4. I will comply with Standards of Student Conduct found in the Southwestern College Student Policy Manual.

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

Applicant's Signature

DATE

- ☐ 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.

Office Use:

Date Received:

Initials: