

MODESTO JUNIOR COLLEGE
DISABLED STUDENT PROGRAMS & SERVICES (DSPS)
 435 College Ave.
 Modesto CA 95350
 (209) 575-6225
 mjcdsps@mjc.edu

Student Application for Services

Name: _____ Male Female
(Print) LAST FIRST MI

Address: _____
Mailing Address City State Zip

Home Phone #: _____ Cell Phone #: _____ Work #: _____

DOB: _____ AGE: _____

MJC Student ID#: _____ MJC Student Email: _____

Last High School Attended: _____ Year of Completion: _____

- | | | |
|----------------------------------------------------------------|------------------------------|------------------------------------|
| 1. Are you a new or returning student? (Check one) | New <input type="checkbox"/> | Returning <input type="checkbox"/> |
| 2. Do you have a current MJC admissions application on file? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you taken the MJC assessment tests? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you completed the MJC orientation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have you completed an educational plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Have you received disability services from another college? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If so, what college did you attend? _____

Are you a client of the Department of Rehabilitation? Yes No

If yes, counselor's name: _____ Phone: _____

Are you a client of Valley Mountain Regional Center? Yes No

If yes, case worker's name: _____ Phone: _____

*** FOR OFFICE USE ***

Application Received _____

- | | | |
|-------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Deaf and Hard of Hearing |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Mental Health Disability |
| <input type="checkbox"/> Blind and Low Vision | <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Other Disabilities |
| <input type="checkbox"/> Attention-Deficit Hyperactivity Disorder | <input type="checkbox"/> FB/Counselor | Approval _____ |

Orientation- Y N Testing- Y N Ed Plan- Y N Enrolled -Y N

MODESTO JUNIOR COLLEGE
DISABLED STUDENT PROGRAMS & SERVICES

Student Requirements and Responsibilities Statement

PROGRAM OVERVIEW:

Modesto Junior College (MJC) provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at the college. A variety of programs and services are available which afford eligible students with disabilities the opportunity to participate fully in all aspects of college programs and activities utilizing appropriate and reasonable accommodations.

I. Paperwork Requirements:

- 1) Students receiving services through the Disabilities Services Center must have a disability which is verified by an appropriate professional. **There must be evidence that a "major life activity"** (e.g. learning, walking, seeing, hearing) requires accommodation(s) to ensure an equal opportunity for success in college coursework.
- 2) All medical and/or verification forms must be returned **with the completed application.**

II. Student Requirements:

- 1) Students must meet with a Disability Services professional at least **once** a semester to establish Academic Accommodation Plan (AAP) for upcoming semester and to be eligible for priority registration.
- 2) Comply with the Student Code of Conduct adopted by Yosemite Community College District (YCCD).
- 3) Possess the ability to comprehend questions, follow directions, and demonstrate the potential to benefit from programs and services at MJC. Must demonstrate measureable academic progress.
- 4) Disability Services does not provide attendant care. Students must arrange for and provide individual attendant care if necessary.

I understand that I must fulfill the requirements for participation in DSPS and understand the consequences of failing to comply with the rules for responsible use of disability services. I understand that I will be notified in writing before any action is taken to suspend services, and that I also have the right to appeal any decision regarding suspension of services.

By signing this application I affirm that I understand and agree with DSPS student responsibilities and I will abide by them.

Student Signature: _____ Date: _____

Modesto Junior College uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by DSPS. 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 California Community Colleges Chancellor's Office 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). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), **providing your social security number is voluntary.** The information on this form is being collected pursuant to California Education Code Section 67310-67312 and 84850; and California Code of Regulation, Title 5 Section 56000 et seq.

DISABLED STUDENT PROGRAMS AND SERVICES ACCOUNTABILITY CONTRACT

ALL scheduled appointments for DSPS services require a student to provide the disability services office **with no less than a 24 hour advanced notification, when cancelling any appointment.** An appointment may be cancelled by contacting 209/575-6225. If there is no answer, please leave a message.

Services requiring appointments include, but are not limited to:

- *Advising Appointments
- *Alternate Media Appointments
- *Interpreter/Captioning Services
- *Testing Accommodations

***** DUE TO LEARNING DISABILITY TESTING BEING CONDUCTED IN OUR OFFICE, PLEASE DO NOT BRING CHILDREN WITH YOU FOR A COUNSELING APPOINTMENT *****

LATE ARRIVAL NOTICE

If you are late to an appointment you will not be seen.

Failure to comply with the 24 hour cancellation policy **WILL result** in the loss of services **UNTIL** student meets with the Dean of Special Programs or their designee to receive clearance.

By signing this accountability contract, I understand and agree with Disabled Student Programs and Services policy and procedures.

Print Name

Student ID#

Signature

Date

MODESTO JUNIOR COLLEGE
DISABLED STUDENT PROGRAMS & SERVICES (DSPS)

Request for Release of Information

RE: _____
Student Name (Please Print) DOB MJC Student ID Number

TO: _____
Licensed Professional Phone Fax

Street Address City/State Zip

I authorize the release of information to include one or more of the following records identified below:

- Diagnosis of disability signed by an appropriate medical practitioner, psychologist or other specialist
- Test results from other agencies which were used for determination of eligibility
Name of Institution _____
- Audiology and speech/language pathology reports
- California Community College LD Eligibility Verification
- Vocational Rehabilitation Plan
- Individual Education Plan (IEP) and Psycho-Educational Evaluation Report
- List of Accommodations Needed
- Department of Veterans Affairs
- Other _____

I further give permission for Disability Services staff to discuss my educational situation with other professionals who have a legitimate educational need to know.

Student Signature Date
(or parent/guardian signature if student is under the age of 18)

A photocopy of this document is as valid as the original. This authorization shall remain in effect until removed in writing by the student.
Modesto Junior College uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disability Services Center. 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)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Section 67310-67312, and 84850; and California Code of Regulations, Title 5 Section 56000 et. seq.



Disabled Student Programs and Services

Verification of Disability

The student named below has requested services/accommodations at Modesto Junior College

FIRST NAME	MIDDLE INITIAL	LAST NAME	DOB:		
MAILING ADDRESS		CITY	STATE	ZIP	PHONE NUMBER

This form must be completed by a **Licensed Professional**. **Items 1 through 6 must be answered.**
 Reports and scores must be included for some disabilities. See attached.

- Diagnosis: _____
 Acquired Brain Injury Intellectual Disability Autism Spectrum
 Learning Disability Physical Disability ADHD
 Deaf & Hard of Hearing Blind & Low Vision
 Mental Health Disability- DSM-V Code (s) _____
- This disability is: Permanent/Chronic Temporary: less than 45 days
- This disability is: Observable Not Observable
- Educational/Functional Limitations:
 Auditory Processing Visual Processing
 Academic Deficits Easily Distracted
 Limited Ambulation Poor Concentration
 Difficulty Formulating and executing plan of action Visual Acuity right eye _____ left eye _____
 Difficulty Overcoming Unexpected Obstacles
 Panics in Unfamiliar Surroundings and Situations
 Hearing Loss (current audiogram)
 Other (*Please Describe*) _____
- Recommended Services/Accommodations:
 Assistive Listening for Hearing Impaired Interpreter (Sign Language) Audio Textbooks
 Note Taker (NCR paper) Reading Magnifying Machine Scribe Tape Record Lectures
 Test Taking (Extended Time, Distraction Reduced Setting) Other _____
- Reduced Units: 3-6 6-9 9-11 12 or more

Licensed Professional Only

Print Name: _____ Date: _____

Signature of Licensed Professional: _____

License Number: _____ Phone Number _____

PLEASE BRING, FAX OR EMAIL THIS FORM TO:
 Modesto Junior College
 Disabled Student Programs & Services
 Student Services Building, Room 112
 435 College Avenue ● Modesto, CA 95350
 PHONE #: (209)575-6225 or FAX (209) 575-6852
 mjcdsps@mjc.edu

Chancellor's Office For California Community College defines the following disabilities:

Acquired Brain Impairment: a verified deficit in brain functioning which results in a total or partial loss of one or more of the following: cognitive, communicative, motor, psychosocial or sensory perceptual abilities.

Communication Disability: an impairment in the process of speech, language or hearing.

- a) Hearing impairment means a total or partial loss of hearing function, which impedes the communication process essential to language, educational, social and/or cultural interactions.
- b) Speech and language impairment: one or more speech/language disorder of voice, articulation, rhythm and/or the receptive and expressive processes of language.

Intellectual Disability:

- a) Potential and measurable achievement in instructional or employment setting

Learning Disability: (Learning disabilities will be verified through evaluation process using the California Community College eligibility criteria.) Learning disability is defined as a persistent condition of presumed neurological dysfunction, which may exist with other disabling conditions. This dysfunction continues despite instruction in standard classroom situations. To be categorized as learning disabled, a student must exhibit:

- a) Average to above average intellectual ability
- b) Severe processing deficit(s)
- c) Severe aptitude achievement discrepancy(ies) and
- d) Measured achievement in an instructional or employment setting

Other Disabilities: all other verifiable disabilities and health functional limitations that adversely affect education performance but do not fall into any of the other disability categories. Other disabilities include conditions having limited strength, vitality, or alertness due to chronic or acute health problems. Examples are environmental disabilities, speech disorders, heart conditions, tuberculosis, nephritis, sickle cell anemia, hemophilia, leukemia, epilepsy, acquired immune deficiency syndrome (AIDS), and diabetes.

Physical Disability: a visual, mobility, or orthopedic impairment

- a) Visual impairment means total or partial loss of sight.
- b) Mobility and orthopedic impairment means a serious limitation in locomotion or motor functions, which indicate a need for special services or special classes.

Mental Health Disability: for purposes of service delivery in the educational setting, means a condition which:

- a) Is listed in the American Psychiatric Association Diagnostic and Statistical Manual (DSM) and is coded on axis I or II as moderate to severe, and
- b) Reflects a psychiatric or psychological condition that interferes with major life activity, and
- c) Poses a **Functional Limitation** in the educational setting.

Attention-Deficit/Hyperactivity Disorder: Attention-Deficit Hyperactivity Disorder is defined as a neurodevelopmental disorder that is a persistent deficit in attention and/or hyperactive and impulsive behavior that limits the student's ability to access the educational process.

Autism Spectrum Disorder: Autism Spectrum disorders are defined as neurodevelopmental disorders described as persistent deficits which limit the student's ability to access the educational process. Symptoms must have been present in the early developmental period, and cause limitations in social, academic, occupational, or other important areas of current functioning.