

# APPENDIX F

## SAMPLE DSP&S FORMS



**THIS SECTION MUST BE COMPLETED BY THE DSP&S STAFF**

I hereby certify this student is eligible for DSP&S Services based on:

Observation by DSP&S professional staff with review by the DSP&S Coordinator

Assessment by appropriate DSP&S professional staff

Review of Documentation provided by appropriate agencies or certified or licensed professional outs of DSP&S

P=Primary

S=Secondary Full Service (more than 1 secondary is possible)

A.B.I	Hearing	Mobility	Psych	Visual
D.D.L.	L.D.	Other	Speech	Non Claimable

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)). 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 Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.

**NAME OF COLLEGE**  
**DSP&S RELEASE OF INFORMATION**  
Disabled Student Programs and Services  
F-RELEAS.DOC

**Name/Address of College**  
**Attn. DSP&S Coordinator**

**Name/Address of Treating Physician/Verifying Professional**

**Name of Student:**

**\*SSN/ID#:**

**Birthdate:**

**Telephone #:**

**DSP&S Release of Information:**

I, \_\_\_\_\_, authorize the release of information from \_\_\_\_\_ regarding my  
*(Name of Student)* *(Name of Treating Physician or Verifying Professional)*  
disability(ies) \_\_\_\_\_ to \_\_\_\_\_. All information will be kept  
*(Identify disability(ies) )* *(Name of College/Attn. DSP&S Coordinator)*

confidential and maintained as a part of my records with the California Community College Disabled Student Programs & Services (DSP&S) Office. 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 or psychologist.
- Psychological testing and evaluation results.
- Vocational Rehabilitation Plan.
- Individual Education Plan (IEP).
- Detailed results of assessment, psychological, or medical testing that led to the diagnosis.
- Other:

**A photocopy of this document is as valid as the original.**  
**This authorization shall remain in effect until revoked in writing by the undersigned.**  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**NAME OF COLLEGE**  
**STUDENT EDUCATIONAL CONTRACT**  
 Disabled Student Programs and Services  
 F-SEC.DOC

**Name**

**\*SSN/ID#:**

**Initial Date of Application for DSP&S Services:**

**Major/Program/Field of Study:**

**Long-term Educational Goal:**

**Vocational Education**

**yes      no**

Transfer to 4-yr. College w/out Associate Degree  
 Transfer to 4-yr College w/Associate Degree  
 Associate Degree, Vocational (non-transfer)  
 Associate Degree, General Ed. (non-transfer)  
 Certificate in Vocational Program

Complete Credits for H.S. Diploma or G.E.D.  
 Discover/Formulate Career Interests, Plans, Goals  
 Improve Basic Skills in English, Reading, Math  
 Undecided on Educational Goal  
 Acquire Job Skills Only

Update Job Skills Only  
 Maintain Certificate or License  
 Personal Educational Development

**Progress will be determined based on the following criteria:**

**Credit**      The student meets the academic standards established by the college. A student enrolled in one or more regular courses continues to be eligible for DSP&S services (assuming all other requirements are met) so long as s/he has not been dismissed from the college for failure to meet academic standards pursuant to Title 5 C.C.R. Section 55756.

**Credit-Special Class**

**Noncredit**

**Noncredit-Special Class**      Students must demonstrate they have made measurable progress towards their instructional or academic goal.

**Academic Year**      -

**Activities needed to determine annual progress towards stated instructional or educational goal**  
*(include a description of specific objectives, skills, and learning strategies):*

**Description of how the DSP&S services provided to the student are related to the educational setting**  
*(attach an up-to-date copy of the student's class schedule):*

**Additional Comments:**

DSP&S Specialist Signature

Date

Student Signature

Date

**Academic Year** -

**Activities needed to determine annual progress towards stated instructional or educational goal**  
*(include a description of specific objectives, skills, and learning strategies):*

**Description of how the DSP&S services provided to the student are related to the educational setting**  
*(attach an up-to-date copy of the student's class schedule):*

**Additional Comments:**

DSP&S Specialist Signature

Date

Student Signature

Date

**Academic Year** -

**Activities needed to determine annual progress towards stated instructional or educational goal**  
*(include a description of specific objectives, skills, and learning strategies):*

**Description of how the DSP&S services provided to the student are related to the educational setting**  
*(attach an up-to-date copy of the student's class schedule):*

**Additional Comments:**

DSP&S Specialist Signature

Date

Student Signature

Date

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