

MODESTO JUNIOR COLLEGE  
DISABILITY SERVICES & PROGRAMS FOR STUDENTS (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 Graduation: \_\_\_\_\_

If you are still in high school Current grade \_\_\_\_\_

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

Name and location: \_\_\_\_\_

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

If yes, counselor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

8. 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"/> Counselor _____         |   |

Approval \_\_\_\_\_

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

MODESTO JUNIOR COLLEGE  
DISABILITY SERVICES & PROGRAMS FOR STUDENTS

**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 to establish an Academic Accommodation Plan (AAP) and to update the Notification of Accommodation Services (NAS) **once** a semester to be eligible for priority registration.
- 2) Comply with the Student Code of Conduct adopted by Yosemite Community College District (YCCD). Additionally, students are expected to comply with the DSPS handbook.
- 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.
- 5) Students are responsible for all DSPS testing policies and procedures. See DSPS Handbook.

**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.

# DISABILITY SERVICES & PROGRAMS FOR STUDENTS 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/Counseling Appointments
- \* Alternate Media Appointments
- \* Interpreter/Captioning Services
- \* Testing Accommodations
- \* Learning Disability Testing

Students requesting alternate media and interpreter/captioning services need to:

- \* Request services as soon as possible after registering for classes.
- \* Notify DSPS Specialist when adding and dropping classes.
- \* Expect a reasonable turnaround time of up to 10 working days.
- \* Return any issued equipment by the due date.

Students requesting testing accommodations need to:

- \* Make request at least 4 working days before date of the exam(s).
- \* Notify the testing center about the need of reader/scribe as approved by counselor.
- \* Have all testing materials such as pencil, blue/green book, scantron upon arrival.
- \* If an emergency should arise and you cannot take the test during the scheduled time, contact your instructor and the testing center before the scheduled time.
- \* Prearrange testing time accordingly to testing center hours.

**\*\*\* 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 more than 5 minutes late to a 30-minute appointment or 10 minutes late to a 1-hour appointment, you will have to reschedule your appointment.

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

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

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Print Name

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Student ID#

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Signature

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Date

MODESTO JUNIOR COLLEGE  
DISABILITY SERVICES & PROGRAMS FOR STUDENTS (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.



# Disability Services & Programs for Students

## 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.

1 Diagnosis: \_\_\_\_\_

- Acquired Brain Injury, Learning Disability, Deaf & Hard of Hearing, Intellectual Disability, Physical Disability, Blind & Low Vision, Autism Spectrum, ADHD, Mental Health Disability- DSM-V Code (s)

2. This disability is: Permanent/Chronic Temporary: less than 45 days

3. This disability is: Observable Not Observable

4. Educational/Functional Limitations:

- Auditory Processing, Academic Deficits, Limited Ambulation, Difficulty Formulating and executing plan of action, Difficulty Overcoming Unexpected Obstacles, Panics in Unfamiliar Surroundings and Situations, Hearing Loss, Other, Visual Processing, Easily Distracted, Poor Concentration, Visual Acuity

5. Recommended Services/Accommodations:

- Assistive Listening for Hearing Impaired, Note Taker, Test Taking, Interpreter (Sign Language), Reading Magnifying Machine, Scribe, Other, Audio Textbooks, Tape Record Lectures

6. Reduced Units: 3-6 6-9 9-11

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
Disability Services & Programs for Students
Student Services Building, Room 112
435 College Avenue • Modesto, CA 95350
PHONE #: (209)575-6225 or FAX (209) 575-6852
mjdspd@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.