Califorina Community Colleges
Learning Disabilities Services

CONSENT FORM

The Chancellor’s Office of the California Community College is committed to protecting the rights of persons who are assessed for learning disabilities (LD) eligibility. The information below is provided so that you can decide whether to participate in the LD eligibility assessment.

You are being asked to complete several assessment instruments that will help in determining your eligibility for learning disabilities services through Disability Programs and Services Learning Programs. The assessments might include tests of ability, achievement, learning skills, and surveys.

The results of these tests are strictly confidential. The scores are used in the determination of LD eligibility and the development of appropriate educational programs. The scores may be maintained in computer files in addition to the test booklet. Descriptive information and test scores may be used in research projects approved by the Chancellor’s Office. To ensure your privacy, this information will not be personally identifiable.

If you have any questions, ask for clarification. In addition, if you believe that the assessment or eligibility determination is invalid, you may challenge the results through a petition process.

The Information Practices Act of 1977 (Civil Code Sections 1798, et seq.) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. The Community College District and the State of California use information requested on this form for the sole purpose of identifying the student authorized to receive special services. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be transferred to other state and public agencies; however, disclosure to these parties is done in strict accordance with current statuses regarding confidentiality. Providing personal information is strictly voluntary.

By signing this consent form you agree to participate in the assessment activities described above and acknowledge the use of the information as described.

I understand this information and agree to complete the assessment to determine eligibility for learning disabilities services.

☐ YES  ☐ NO

Print Name _______________________________________ SS# __________________

Signature _______________________________________ Date__________________

Parent’s signature (for students under 18) ________________________________

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STUDENT RIGHTS

- The Disability Programs & Services (DPS) is voluntary; any student participating must do so by choice.

- During the intake process, there will be an interview. Any information given during this interview will be kept confidential.

- If any tests are administered, the results will be reviewed and discussed. Every DPS student has the right to know his/her test scores and what the results mean.

- All students participating in the program have the right to privacy regarding the personal information given to DPS. If the student is not a minor, or at least eighteen (18) years of age, the staff in this program cannot release information about that student without the student’s written permission. Information can only be given to parties with legitimate educational interests.

- All students in the DPS program have the right to see their educational files.

- All DPS students have the right to take any classes offered for credit and/or non-credit, in the regular program and/or through DPS, so long as they meet the course prerequisites and are registered.

**ATTENTION:** California Community College Learning Disability Programs do not diagnose or verify learning disabilities. The assessment procedure that you are consenting to complete will only determine eligibility for program services. Diagnoses of learning disabilities must be obtained through a private psychologist.

By signing this document, I agree that I have read the above statements and/or that I have had someone explain them to me to my satisfaction.

____________________________________________  __________________________
Student’s Signature      Date

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