



Chaffey College

DISABILITY PROGRAMS & SERVICES

APPLICATION FOR SERVICES

Name: _____ Date: _____

ID: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Cell Phone #: _____

email: _____

Chaffey College 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 the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations. Completion of this form constitutes an agreement to apply for Disability Programs and Services.

What type of disability do you feel you have?

- Physical Acquired Brain Injury (ABI) Learning
 Psychological Developmental

If you have a physical, psychological or ABI disability, can we get verification from your doctor?

- Yes No

If you have a learning or developmental disability, can you provide verification from a high school or college special education program?

- Yes No

Would you like to be tested to see if you might have a learning disability?

- Yes No

Are you a client of?

- The Department of Rehabilitation Regional Center

If yes, who is your counselor _____?

How did you find out about DPS?

- Website Friend College Counseling College Instructor
 High School staff Other _____

I have been informed of my right to vote? Yes No

I understand that participation in the Disability Programs and Services is strictly voluntary.

Student signature _____

Signature of parent or guardian _____
(if under 18)

