



Chaffey College

DISABILITY PROGRAMS & SERVICES

APPLICATION FOR SERVICES

Name: _____ Date: _____

ID#: _____ Birth Date: _____

Address: _____

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 so, who is your counselor? _____

How did you find out about the program?

- 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)



Chaffey College

DISABILITY PROGRAMS & SERVICES

APPLICATION FOR SERVICES – LDC

Chaffey College Learning Development Center is a voluntary transitional work program that involves student participation in Job Readiness, Job Assessment classes, and Job Placement. The goal of the program is to become competitively employed within two years.

What are some of your best assets that you can bring to a working environment?

- Good with my hands
- Friendly
- Follow directions well
- Have own transportation
- Will start at entry level job

Do you have past work experience? Yes No
 If so, Where? _____

What is your vocational objective? _____

The goal of the LDC program is to be competitively employed within a two year period. Do you feel you will be able to meet that goal and become employed?

- Yes
- No

If you become competitively employed:	Yes	No
Could you work independently on a job?	<input type="checkbox"/>	<input type="checkbox"/>
Would you need a Job Coach for a short period of time?	<input type="checkbox"/>	<input type="checkbox"/>
Would you need a Job Coach for a long period of time?	<input type="checkbox"/>	<input type="checkbox"/>

Completion of this form constitutes an agreement to apply for the LDC Program within Disability Programs and Services.

Student signature: _____

Signature of parent or guardian: _____
(if under 18)