

APPLICATION

The San Francisco Community College District provides educational services and access for students who intend to take classes at City College of San Francisco. A variety of programs and services are available which give students with disabilities the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations.

By completing this form, I am applying for the Disability Services and Programs for Students.

Name: _____ CCSF ID: _____

Date of Birth: _____ Phone: _____

E-mail: _____ Pronouns: _____

STUDENT RIGHTS AND RESPONSIBILITIES

RIGHTS

- My participation in DSPS is entirely voluntary.
- If I receive support services or instruction through DSPS, I am still entitled to participate in any other course, program or activity offered by the college and receive basic accommodations required by state and federal law.
- All records kept by DSPS personnel about my disability(s) will be kept confidential and will not be disclosed without my permission.

NOTE: Authorities cited: Title 5 C.C.R. Section 5600 et seq., Education Code Sections 66701, 67310-37312, 70901, 84850.

RESPONSIBILITIES

- I will provide DSPS with the necessary information, documentation and/or forms (medical, educational, etc.) to verify my disability.
- I will meet with a DSPS Counselor/Specialist to complete an **Academic Accommodation Plan (AAP)** and then meet with a DSPS Counselor/Specialist to update my AAP as needed.
- I am responsible for providing my **Classroom & Test Accommodations Verification (CATAV)** to each of my instructors. I must request a new letter from DSPS every semester after I register for classes.
- I will use DSPS services in a responsible manner. I understand that DSPS has specific policies and procedures, which are in written form. I understand I must follow these policies and procedures to continue receiving services.
- I will follow the Rules of Student Conduct adopted by the college and published in the college catalog.
- I must show measurable progress towards the goals stated in my **Academic Accommodation Plan (AAP)**.

I understand and agree to the above Student Rights and Responsibilities, and I will follow them. I give permission for DSPS staff to discuss my educational situation with other professionals who have a legitimate educational need to know. I have been given a copy of this document. **If I do not comply with these rights and responsibilities, I will be notified in writing of my possible suspension of services. I will have the opportunity to appeal the decision.**

Student Signature: _____ Date: _____