



West Los Angeles College  
9000 Overland Avenue  
Culver City, CA 90230  
(310) 287-4450 Office  
(310) 287-4417 Fax  
[www.wlac.edu](http://www.wlac.edu)

Dear Prospective Student:

Welcome to the Disabled Student Programs and Services (DSP&S). It is our sincere hope that our services will help you to reach your educational objectives, meet your academic goals, and encourage you to become an advocate for yourself and for others with disabilities.

The program offers accommodations to eligible students. These include academic advisement, counseling, assistive technology, adaptive equipment, exam accommodations, sign language interpreters, Braille transcription and more.

Here is how you apply for services:

1. Be a current West Los Angeles Student ID # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_
2. **Complete our DSP&S application:** The DSP&S application can be picked up in the DSP&S department, 3<sup>rd</sup> floor of the Student Services Building or downloaded from the college DSP&S webpage (<http://www.wlac.edu/dsps/index.aspx>).
3. **Attach verification of disability:** From a professional, community agency, your doctor, a psychological assessment. The department does not accept partial applications; application documents must be complete (example: DSP&S application plus medical documentation). All verification must be on letterhead and have official signature.
4. **Take Online DSP&S Orientation:** Once you have the DSP&S application and medical verification, you will need to take the online DSP&S orientation. You must pass the orientation with 90% accuracy, print, and attach certificate to with application and medical verification.  
<http://3eorientations.com/wlac/DSPS>
5. **Bring ALL of Your Information.** After completion of steps 1-4, turn in all of your documentation to DSPTS and schedule a counseling appointment. **Copies of medical information will not be made in the DSP&S office. No exceptions.**
6. Enroll in Tutor 001, Section #8959 so you will be able to utilize the DSPTS computer lab and online tutoring.

After your first semester, you will need to meet with our professionals every semester you are enrolled at West to review your educational strengths, limitations and accommodation needs.

If you have any questions or need further assistance, please contact our office. Good luck with your educational career and/or transfer objectives at WLAC.

Respectfully,

Dr. Shalomon Duke  
Dean, Support Services



**APPLICATION FOR SERVICES- NEW STUDENTS**

**ALL ITEMS WITH A \* NEXT TO THEM ARE REQUIRED  
(Please Print in Black or Blue Ink)**

The Los Angeles Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the DSPS program. 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 Educational Code Section 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.

**Section I. General Information**

Fall           Winter           Spring           Summer          Year: \_\_\_\_\_

\*Student ID \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ Gender  male  female

\*Name \_\_\_\_\_  
                                                 LAST                          FIRST                          M.

\*Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\*Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

College Major \_\_\_\_\_

\*1. Disability:  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Disability:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Medical professional who can verify your disability:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

4. What are your educational goals? (Check all that apply):

- |                                                                    |                                                              |
|--------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Prepare for a new career ( new skills)    | <input type="checkbox"/> Bachelor's degree after AA degree   |
| <input type="checkbox"/> Advance current job/career(update skills) | <input type="checkbox"/> Bachelor's degree without AA degree |
| <input type="checkbox"/> Vocational degree without transfer        | <input type="checkbox"/> Maintain certificate or license     |
| <input type="checkbox"/> AA degree without transfer                | <input type="checkbox"/> Improve basic skills                |
| <input type="checkbox"/> Vocational certificate without transfer   | <input type="checkbox"/> Undecided                           |

\*5. Check the age when your primary disability occurred:

- |                                          |                                         |                                            |
|------------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> At birth        | <input type="checkbox"/> 6 to 18 years  | <input type="checkbox"/> 38 to 55 years    |
| <input type="checkbox"/> 5 years & under | <input type="checkbox"/> 19 to 37 years | <input type="checkbox"/> 56 years and over |

\*6. Are you a consumer with the Department of Rehabilitation?  yes  no

Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

7. Are you receiving services from any other campus or community program related to a disability?

If so, please describe \_\_\_\_\_

8. Have you ever received services for students with disabilities from any other college prior to attending WLAC?  yes  no

9. Are you receiving Financial Aid?  yes  no

\* I certify that the foregoing statements on my application for DSP&S are complete and accurate.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



### **EMERGENCY INFORMATION**

\*1. List name of person to be notified in case of emergency:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

### **Statement of Student Responsibility**

West Los Angeles College provides services and access for eligible students with documented disabilities who intend to pursue coursework at WLAC. Through appropriate and reasonable accommodations, students are provided the opportunity to participate fully in all aspects of WLAC programs.

**Completion of this form is required before services are provided by DSPS.**

Student Responsibilities:

1. I will provide DSPS with any information deemed necessary by DSPS to verify my disability (ies); i.e., medical doctor or rehabilitation counselor complete name, address and phone number.
2. I will meet with an academic counselor to complete a Student Educational Plan and I agree to meet annually to update my Student Educational Plan.
3. I will make measurable progress towards the goals established in the Student Educational Plan and meet academic standards established by the college.
4. I will utilize the DSPS services in a responsible manner according to the rights and responsibilities of DSPS.
5. I will comply with the Student Code of Conduct adopted by the Los Angeles Community College District.
6. I understand that I must attend a DSPS orientation before services are rendered.

**I understand that I must fulfill the Program and Student Responsibilities in the DSPS Program. I have received a copy of the policy on suspension of DSPS services, and I understand the consequences of failing to comply with the rules for responsible use of DSPS services. I understand that I will be notified in writing before any action is taken to suspend services. By signing this application I affirm that I understand and agree with the DSPS Program and student responsibilities and I will abide by them.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Section II. Confidentiality**

**Student Release of Information**

I, \_\_\_\_\_, grant permission for the DSPS department to release and exchange information consistent with the Federal Family Education Rights and Privacy Act of 1974, or other laws and regulations with the appropriate college staff through the Los Angeles Community College District. I am aware that all information will be used solely for the purpose of my educational planning and the implementation of services related to my disability. I am also aware that all information will be kept confidential. This release shall remain in effect until I notify DSPS in writing that it is no longer valid.

I authorize the release of information that may include one or more of the following records:

- Verification of Eligibility
- Functional Limitation(s)
- Academic Accommodation(s)
- Educational Records, Including Progress Reports, Assessment Scores.
- Other: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
(Date)

**\*\*Office Use Only\*\***

Application processed by: _____				
<input type="radio"/> Summer/Fall		Year: _____		
<input type="radio"/> Winter/Spring				
Disability and services:				
( ) Not Eligible				
(1) Primary, full services				
(3) Secondary, full service				
___ Mobility	___ Visual	___ Autism	___ Hearing	___ Speech
___ L. D.	___ A. B. I.	___ D. D. L.	___ Psychological	___ ADHD
___ Other _____				
DSPS Counselor/Specialist Signature _____ Date _____				

Attended WLAC DSPS Orientation

\_\_\_\_\_  
Date