

**For Office Use Only:**  Pending  Review  LD Screen  APE  C2C  CONC  DRD  TC

## Disability Resources Department (DRD) Request for Services

**Step 1:** Complete SRJC application online at [www.santarosa.edu/apply](http://www.santarosa.edu/apply), if not currently enrolled.

**Step 2:** Complete and return the Request for Services, Student Questionnaire, Release of Authorization, Medical and/or Learning Disability verification to DRD.

**Step 3:** When all forms are completed and returned to DRD, our office will contact you. Eligible students will be assigned a Disability Specialist and scheduled for a one hour intake appointment.

**New Student Drop-in (optional):**

- Students who have questions or need assistance applying for services through the Disability Resources Department (DRD), may attend a brief meeting with a DRD Specialist during Drop-in. Students will be seen on a first-come, first-serve basis.
- If you have medical verification of your disability and/or an IEP, please bring a copy with you and check in at the DRD reception desk during Drop-in hours.

### Contact Information

Today's Date (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)	SRJC Student ID #		
Student's Last Name		First Name		Middle Initial
Street Address		City		State Zip
Cell Phone (include area code)	Alternate Phone (include area code)	Email Address		

### Other Agency Services

*Do you receive services from any other program(s)?*

Dept. of Rehabilitation Counselor's Name:




North Bay Regional Center Client Program Coordinator's (CPC) Name:

CalWorks Program      Name of High School:

### Permission to Contact

I give permission to the staff of the Disability Resources Department at Santa Rosa Junior College (SRJC) to contact me and leave messages identifying themselves, SRJC, and the Disability Resources Department regarding appointments and business with the department by telephone, U.S. mail and/or email (check all that apply).

\*\*This permission will remain in effect until—list the date you think you will be enrolled until. If date is left blank, then this permission will be effective for four (4) years from date on form.

-  **Phone** at numbers I provided to SRJC
-  **Mail** at the address I provided to SRJC
-  **E-mail** at the address I provided to SRJC

Permission will remain in effect until (mm/dd/yyyy)\*\*

Student's Signature

### Disability Verification

Please check all that apply:

<input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Concussion	<input type="checkbox"/> Low Vision / Blind	Learning Disability (LD)
<input type="checkbox"/> ADD, ADHD	<input type="checkbox"/> Physical / Mobility	<input type="checkbox"/> I have a verified learning disability and can provide testing reports.
<input type="checkbox"/> Asperger's Syndrome, Autism, Nonverbal Learning Disability	<input type="checkbox"/> Psychological (e.g., PTSD, Depression, etc.)	<input type="checkbox"/> I wish to be tested for eligibility for learning disability services.
<input type="checkbox"/> Deaf / Hard of Hearing	<input type="checkbox"/> Other Health Conditions (e.g., Cancer, AIDS, Diabetes)	<input type="checkbox"/> In high school, I received LD services through Special Education.
<input type="checkbox"/> Intellectual Disability		

### Available Services

**I am requesting** (please check all that apply):

<input type="checkbox"/> Accessible Furniture	<input type="checkbox"/> Mobility Class Assistant	<input type="checkbox"/> Testing Accommodations
<input type="checkbox"/> Adapted Physical Education	<input type="checkbox"/> Note-taking	<input type="checkbox"/> Disability Management Education
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Sign Language Interpreting and Real-Time Captioning	<input type="checkbox"/> Other
<input type="checkbox"/> Alternate Media / E-text		

**Please Note:** SRJC does *not* provide personal assistants.

### Student Responsibilities

- I will provide SRJC's Disability Resources Department with the documentation and/or forms (medical, educational, etc.) necessary to verify my disability.
- I will meet with a Disability Specialist to complete an Academic Accommodation Plan and will meet at least annually to update that contract.
- I will use the Disability Resources Department services in a responsible manner.
- I will comply with the Student Code of Conduct adopted by SRJC.

*I hereby request services from SRJC's DSP&S program. I have read the Student Responsibilities and agree to participate. I understand there are Grievance Procedures, posted on the college Website, which I can follow should I disagree with decisions about my disability related services.*

Student's Signature	Date
DSP&S Specialist's Signature:	Date

	<b>Santa Rosa Campus</b> 1501 Mendocino Avenue Santa Rosa, CA 95401-4395 Bertolini Student Center 3 <sup>rd</sup> Floor Tel: (707) 527-4278 Fax: (707) 524-1768 E-mail: <a href="mailto:disabilityinfo@santarosa.edu">disabilityinfo@santarosa.edu</a>	<b>Petaluma Campus</b> 680 Sonoma Mountain Pkwy Petaluma, CA 94954-2522 Jacobs Hall, Room 101 Tel: (707) 778-2491 Fax: (707) 524-1768 E-mail: <a href="mailto:disabilityinfo@santarosa.edu">disabilityinfo@santarosa.edu</a>
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drd.santarosa.edu