



Disabled Student Programs and Services

Application for Services

Please print or type with blue or black ink

Form fields for personal information: Last Name, First Name, MI, Local Phone, Local Address, Cell Phone, City, State, Zip Code, Work Phone, Permanent Address, Permanent Phone, City, State, Zip Code, Gender, Date of Birth, Email Address, Social Security Number.

If you change your address or phone number, please notify both DSPPS and Admissions & Records immediately.

- 1. Mark your disability(ies) and briefly describe below.
2. If your disability was diagnosed at another school or agency, please state where & when
3. Are you a client of the Department of Rehabilitation?
4. Is English your first language?
5. Who referred you to DSPPS?
6. What services would help you to succeed at Cuesta College?

(Also complete side 2)

7. In high school, I was in (check all that apply): -regular classes
 -special day class
 -resource program
 -other (please describe) _____

8. I received the following: -High School Diploma } Year received _____
 -Adult School Diploma }
 -GED } From what school or institution? _____
 -High School Proficiency
 -none -highest grade completed _____

9. Highest Math course ever completed _____ Final Grade _____ Semester/ Year _____

10. Highest English course ever completed _____ Final Grade _____ Semester/ Year _____

11. College placement test recommendations: English _____ Math _____

12. My college goal is: (check all that apply)
 -Personal studies
 -Basic skills
 -Vocational Certificate Major _____
 -AA/AS degree
 -BA/BS degree – I plan to transfer to _____

13. I am: (check all that apply)
 -currently enrolled at Cuesta College
 -a new student (first semester)
 -a returning student (not enrolled last semester)
 -planning to enroll:
 Summer 200____
 Fall 200____
 Spring 200____

14. Rate your academic ability on each item listed below:

15. Is there anything else you would like us to know?

This is not difficult for me. I have some difficulty with this. This is very difficult for me.

↓ ↓ ↓

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reading comprehension
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reading speed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sounding out words
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	math calculations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	math word problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	math reasoning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	writing good sentences
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spelling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grammar/punctuation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	listening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	handwriting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taking tests (anxiety, time, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	avoid careless errors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	concentration/attention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	short-term memory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	long-term memory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	study skills

Student's Signature	Date
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