



## Disabled Student Programs & Services

3000 Campus Hill Drive | Room 1615, Livermore, CA 94551

### INTERACTIVE INTAKE APPLICATION

**Student Name** \_\_\_\_\_ **W#** \_\_\_\_\_

**Term/Year** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Please complete this intake application and submit it to the Disability Resource Center (in Building 1600, Room 1615) along with documentation of your disability prior to your scheduled appointment with a Disabled Student Program and Services (DSPS) Counselor. Some sources of documentation that are commonly used to verify a disability include, but are not limited to the following:

- Appropriate agencies such as K-12 school districts, other colleges/universities, Regional Centers, Veteran's Affairs, social and/or governmental service agencies, and
- Certified or licensed professionals such as Medical Doctors, Clinical Psychologists, Therapists, Ophthalmologists, Audiologists, and Speech Therapists.

Do your best to be as detailed as possible when completing this application. Any additional information that you would like to add is welcome. You will review the forms and the application at your intake appointment, so you may ask questions at that time about items you did not understand. Your responses, the documentation of disability that you provide, and the intake appointment with the DSPS Counselor will be used to determine eligibility for services. Information you share with the DSPS is confidential, protected by the Family Educational Rights and Privacy Act (FERPA) of 1974, and will not be part of your academic record at Las Positas College (LPC).

# Las Positas College DSPS | Interactive Intake Application

Name: \_\_\_\_\_ W#: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email (1) : \_\_\_\_\_ Email (2) : \_\_\_\_\_

- **If we call you by phone, may we leave you a voice message?** Yes No
- **Are you a registered LPC student?** Yes No **For how many semesters?** \_\_\_\_\_
- **Has your mathematics and/or English placement been determined at LPC?** Yes No
  - **List the highest level math and English classes you took in High School**  
Math \_\_\_\_\_ English \_\_\_\_\_

- **Have you completed the LPC online orientation?** Yes No

- **Is English your first language?** Yes No

- **What other support services are you currently receiving at LPC**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Career Center | <input type="checkbox"/> HSI                    | <input type="checkbox"/> Transition to College |
| <input type="checkbox"/> CalWORKs      | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Umoja                 |
| <input type="checkbox"/> EOPS/CARE     | <input type="checkbox"/> Middle College         | <input type="checkbox"/> Veteran's First       |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Puente                 | <input type="checkbox"/> Workability III       |

- **What are your Educational Goals?**

- Associate Degree & transfer
- Associate Degree without transfer
- Transfer
- Earn a Vocational Certificate
- Acquire job skills

**Major:** \_\_\_\_\_

- Update job skills
- Personal Enrichment
- Improve basic skills (i.e., English, Math)
- Undecided
- Other

- **Have you received DSPS services at another college or university?** Yes No

- **If yes, which college/university?** \_\_\_\_\_ **Dates:** \_\_\_\_\_

- **Are you a client of the Department of Rehabilitation?**  Yes  No

DOR Counselor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

- **Are you (or have you ever been) a Regional Center client?**  Yes  No

If yes, list the Regional Center(s): \_\_\_\_\_

- **In high school, I was in or had (check all that apply):**

- Regular classes  IEP
- Special day classes  504 plan
- Resource program  Other \_\_\_\_\_

- **Select all disabilities that apply to you and briefly explain how it affects your learning.**

Acquired Brain Injury \_\_\_\_\_

Attention Deficit Hyperactivity Disorder \_\_\_\_\_

Autism Spectrum \_\_\_\_\_

Blind/Low Vision \_\_\_\_\_

Deaf/Hard of Hearing \_\_\_\_\_

Intellectual Disability \_\_\_\_\_

Learning Disability \_\_\_\_\_

Mental Health Disability \_\_\_\_\_

Physical Disability \_\_\_\_\_

Other \_\_\_\_\_

- **Do you have documentation verifying this disability or disabilities?**  Yes  No

- **Do you have a physician who can verify this disability or disabilities?**  Yes  No

- **Are you currently taking medication?** Yes No

- If yes, give the name of the medication, dosage, and list the side effects:

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- **Please list one emergency contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
DSPS Signature

\_\_\_\_\_  
Date