Disabled Students Programs & Services  
Intake Screening & Service Request

Please complete these forms, and submit to the DSPS office along with documentation of your disability prior to your scheduled appointment with the DSPS Counselor/Specialist. Do your best to be as complete as possible. Any extra related information that you would like to add is welcome. You will review the forms at your intake interview, so you may ask questions at that time about items you did not understand. Your responses, the documentation of disability you provide, and the intake interview with the DSPS Counselor/Specialist will be used to determine eligibility for services. Information you share with the DSPS is confidential, and will not be part of your academic record at College of San Mateo.
### Service Request

Disabled Students Programs & Services  
College of San Mateo

**Bldg. 16 Room 150  650-574-6438**

**Date:** ________________

Name: ___________________________________  **ID#** __________________________________

Address: ___________________________________  **City/Zipcode:** _______________________

**Contact Phone:** __________________________  **Email address:** _______________________

Who referred you to DSPS? ___________________  **Birthdate:** ____________________________

- **Are you a registered CSM student?**  
  - [ ] Yes  
  - [ ] No  
  - For how many semesters? ____________

- **Have you taken the CSM placement tests?**  
  - [ ] Yes  
  - [ ] No

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

- **In what classes are you currently enrolled?** _______________________________________________

- **What other support services are you currently receiving at CSM?**
  - [ ] Career Center  
  - [ ] Financial Aid  
  - [ ] Learning Disabilities Center  
  - [ ] EOPS/CARE  
  - [ ] APE  
  - [ ] Assistive Technology Center  
  - [ ] PSYCH Services  
  - [ ] Transition to College  
  - [ ] CalWORKs

- **What are your Educational Goals?**
  - [ ] Associate Degree & transfer
  - [ ] Associate Degree without transfer
  - [ ] Discover / formulate career goals
  - [ ] Update job skills
  - [ ] Improve basic skills (ie: English, Math)
  - [ ] Improve health through P.E.
  - [ ] Transfer without Associate Degree
  - [ ] Earn a Vocational Certificate
  - [ ] Acquire job skills
  - [ ] Personal Enrichment
  - [ ] Complete credits for H.S. Diploma/GED
  - [ ] Undecided

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

  **DOR Counselor Name:** ___________________  **Phone #:** _______________________

- **In high school, I was in** (check all that apply):  
  - [ ] regular classes  
  - [ ] special day classes  
  - [ ] resource program  
  - [ ] other (please describe)  
  - [ ] 504 plan

DSPS 8/16/2011
Mark your disability(ies) and briefly describe below.

☐ acquired brain injury

☐ communication disability

☐ developmental disability

☐ learning disability

☐ physical disability (health or medical)

☐ psychological disability

☐ vision impairment

☐ mobility impairment

☐ other disability

• Do you have documentation verifying this disability or disabilities? ☐ Yes ☐ No
  If no, do you have a physician who can verify this disability or disabilities? ☐ Yes ☐ No
  
  Physician Name: ___________________________ Phone: ___________________________
  
  Address: ___________________________ Fax: ___________________________
  
  City: ___________________________ Zip: ___________________________

• What educational limits do you experience because of your disability(ies)? ____________
  __________________________________________________________________________
  __________________________________________________________________________

• Are you taking medication? ☐ Yes ☐ No Any side effects that present educational
  limitations? __________________________________________________________________

• Have you used DSPS services at another college or university? ☐ Yes ☐ No
  If yes, which college or university: ___________________________ Dates: ___________________________

• What assistance/services are you requesting from CSM DSPS? ___________________________
  __________________________________________________________________________
  __________________________________________________________________________
• If you do not have history of a disability, why are you requesting services?

________________________________________________________________________________________________________________________________________________________

• Emergency Contact Person: ___________________________ Phone: ____________________________

• What other people do you have for support while in college? (case manager, family, etc)

________________________________________________________________________________________________________________________________________________________

• Student Responsibilities:

♦ I will provide DSPS with the information, documentation and/or forms deemed necessary by DSPS to verify my disability (ies).

♦ I will meet with a DSPS professional to complete a Student Education Contract, and agree to meet with the professional at least annually to update the Student Education contract.

♦ I will utilize DSPS in a responsible manner. I understand that I must follow DSPS policies and procedures for continued access to services.

♦ I will comply with the Student Code of Conduct adopted by the college as outlined in the college catalog.

_I will receive a copy of the DSPS Student Resource Guide during my DSPS individual appointment and agree to read and review its contents with the DSPS Specialist. I understand that services will be determined by the DSPS Specialist upon verification of my disability and will be reviewed with me during a counseling appointment that I will schedule._

Signature: ___________________________ Date: __________________________

For Office Use Only:

Action taken: __________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Referral to: APE LDC ATC TTC EOPS Career Center Financial Aid CalWORKs Other _____________

Comments: __________________________________________________________________________

Class Placement: English _________ Reading _________ Math ________________