

Student Name_____

G#_____

Term/Year_____

Date_____

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?

- | | | |
|---|--|---|
| <input type="checkbox"/> Career Center | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Learning Disabilities Center |
| <input type="checkbox"/> EOPS/CARE | <input type="checkbox"/> APE | <input type="checkbox"/> Assistive Technology Center |
| <input type="checkbox"/> PSYCH Services | <input type="checkbox"/> Transition to College | <input type="checkbox"/> CalWORKs |

• What are your Educational Goals? Major _____

- | | |
|---|--|
| <input type="checkbox"/> Associate Degree & transfer | <input type="checkbox"/> Transfer without Associate Degree |
| <input type="checkbox"/> Associate Degree without transfer | <input type="checkbox"/> Earn a Vocational Certificate |
| <input type="checkbox"/> Discover / formulate career goals | <input type="checkbox"/> Acquire job skills |
| <input type="checkbox"/> Update job skills | <input type="checkbox"/> Personal Enrichment |
| <input type="checkbox"/> Improve basic skills (ie: English, Math) | <input type="checkbox"/> Complete credits for H.S. Diploma/GED |
| <input type="checkbox"/> Improve health through P.E. | <input type="checkbox"/> 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):

- | | |
|---|--|
| <input type="checkbox"/> regular classes | <input type="checkbox"/> special day classes |
| <input type="checkbox"/> resource program | <input type="checkbox"/> other (please describe) |
| <input type="checkbox"/> 504 plan | |

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 DSPTS services at another college or university?** Yes No

If yes, which college or university: _____ Dates: _____

- **What assistance/services are you requesting from CSM DSPTS?** _____

- 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 _____