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State Center Community College District
Disabled Students Programs & Services (DSP&S)

APPLICATION FOR SERVICES

Campus: ☐ FCC ☐ RC ☐ Madera Center ☐ Willow International ☐ Oakhurst Center

Program Description: DSP&S provides access and opportunities to students with physical, communication, psychological or learning disabilities, acquired brain injuries, and developmentally delayed learners, who intend to pursue coursework at the college. To meet the special educational needs of students, the faculty and staff offer a variety of supportive services and instruction classes. A diverse curriculum is offered that allows disabled students the opportunity to fully mainstream into the regular college program. The purpose of these classes is to enhance the education of persons with special needs and afford students with disabilities the opportunity to participate fully in all aspects of the college through appropriate and reasonable accommodations.

There are no additional costs to students who receive special supportive services. In order to participate in this program, students with disabilities must: (1) complete this Application for Services, (2) submit a professional verification of disabling condition, (3) make measurable progress toward their vocational/educational goals.

Date: _____ Current Semester: _____ Current Year: _____ ID#: _____
Name: _____ SSN: _____ - _____ - _____
Street: _____ Email: _____
City: _____ Zip: _____ Phone (H): _____ Phone (cell): _____
Date of Birth: _____ Age: _____ Sex (Circle One): M F Ethnicity: _____
(Voluntary)

1. Please list your disability or limitation?

Primary Disability: _____

Secondary Disability: _____

2. How does this disability affect your school related activities? _____

3. What was your age when the disability occurred? _____

4. What high school did you attend? _____

a. Please identify the following programs you participated in and attach the most current IEP.

1) Special Day Classes (SDC/Special Ed) ☐ Yes ☐ No

2) Resources Specialist Program (RSP/Learning Disability) ☐ Yes ☐ No

3) 504 Plan ☐ Yes ☐ No

5. Have you completed an application for admission to college? ☐ Yes ☐ No

a. Location: ☐ Fresno City ☐ Reedley ☐ Willow International ☐ Madera ☐ Oakhurst

b. Registered for: ☐ Fall: _____ ☐ Spring: _____ ☐ Summer: _____

c. Will register for: ☐ Fall: _____ ☐ Spring: _____ ☐ Summer: _____

6. Have you ever seen a DSP&S counselor before? Yes ☐ No ☐

If yes, with _____ (who) on _____ (when).

OFFICE USE ONLY

Data Entry: Counselor: _____ CNSL _____ EMER _____ STMC _____

Disability Code: 1. H 2. B 3. L 4. V 5. M 6. O 7. S 8. P

(For Disability code write 1 for primary disability and 2 for secondary disability (if applicable)).

7. Are you receiving services or funding from any of the following campus or community programs/agencies? Mark all that apply. If you answer Yes, please provide verification.

Financial Aide/Scholarship	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cal-Works	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterans Administration	<input type="checkbox"/> Yes <input type="checkbox"/> No	EOPS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Rehabilitation Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	SSI/SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	FCOE/Transition	<input type="checkbox"/> Yes <input type="checkbox"/> No
California Depart. of Rehab.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Case Manager: _____	
CVRC	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Case Manager: _____	
Other: _____			

8. Have you received special disability related services from another school or college?

☐ Yes ☐ No If yes, list school(s) or college(s) _____

9. Please check your long term educational goal?

<input type="checkbox"/> a. Transfer to another college	<input type="checkbox"/> e. Personal/Social Development
<input type="checkbox"/> b. Obtain an AA/AS Degree	<input type="checkbox"/> f. Work on basic academic skills
<input type="checkbox"/> c. Obtain a Vocational Certificate	<input type="checkbox"/> g. Undecided
<input type="checkbox"/> d. Obtain job skills	<input type="checkbox"/> h. Other: _____

10. The DSP&S program provides a variety of specialized services. Please check the supportive services you are requesting.

Classroom Related Services

- ☐ DSP&S Classes
- ☐ Interpreter Services (****See Note Below****)
- ☐ On Campus Mobility Assistance
- ☐ Notetaking Services
- ☐ Reader Services
- ☐ Tape Recorder Loan
- ☐ Test Taking Assistance
- ☐ Alternate Media such as textbooks in enlarged or electronic formats

Assessment Services

- ☐ LD Assessment
- ☐ Placement Testing

Counseling Services

- ☐ Specialized Academic Counseling
- ☐ Disability Management/Personal Counseling
- ☐ Vocational Counseling

Other Services

- ☐ Priority Registration
- ☐ DSP&S Orientation
- ☐ Registration Assistance
- ☐ Transfer Assistance
- ☐ Temporary Special Parking Permit
- ☐ Other: _____

I have given the information contained in this application as accurately as I can. This confidential information may be shared on my behalf with State Center Community College District Disabled Students Programs and Services personnel who are directly involved with my program.

(Student Signature)

(Date)

****It is the student's responsibility to meet with the Interpreter Coordinator to discuss course registration and schedule ASL Interpreter Services for the upcoming semester.****



State Center Community College District
Disabled Students Programs & Services (DSP&S)
CONSENT FOR RELEASE OF INFORMATION

Campus: ☐ FCC ☐ RC ☐ Madera Center ☐ WI & Clovis Center ☐ Oakhurst Center

Student Name: _____
Last First M.I.

Date of Birth: _____ SSN: _____ ID: _____

Maiden Name or Other Name Used: _____
Last First M.I.

I, the undersigned, consent to, and request, all appropriate persons and/or agencies or institutions to release information regarding myself to DSP&S for use in educational/vocational planning. All information will be kept confidential and maintained as part of my records with Disabled Students Programs and Services (DSP&S) at the college. I authorize the releaser of information to include one or more of the following records:

Student Initials

- ☐ _____ Verification of Disability
- ☐ _____ Inform Instructors of Disability
- ☐ _____ Educational History: Transcripts, IEP, 504 Plan, Psycho-Educational Report
- ☐ _____ Psychological Testing and Evaluation Results
- ☐ _____ Learning Disability Assessment
- ☐ _____ Audiology and Speech/Language Pathology Reports
- ☐ _____ Vocational Rehabilitation Plan
- ☐ _____ Prescribed Medications and Dosage
- ☐ _____ Other (specify): _____
- ☐ _____ I hereby give my permission to the staff of DSP&S to discuss my academic performance with my parents, legal guardian(s) or other, if they request information.

Name Relationship

Name Relationship

I further give permission for the DSP&S certificated professional to discuss my educational situation with other professionals who have a legitimate educational need to know. This authorization shall remain in effect until revoked in writing by the student.

Student Signature Date

Parent/Guardian Signature (if under 18 yrs. of age) Date

A PHOTOCOPY OF THIS IS AS VALID AS THE ORIGINAL-VALID FOR THE LIFE OF THE CASE.

The State Center Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSP&S) department. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (PL 93-579), Providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title V, Section 56000 et seq.

PLEASE RETURN INFORMATION TO DISABLED STUDENTS PROGRAMS & SERVICES AT:

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fresno City College
1101 E. University Ave.
Fresno, CA 93741
(559) 442-8237 (voice/TTY)
FAX: (559) 485-7304 | <input type="checkbox"/> Reedley College
995 N. Reed Ave.
Reedley, CA 93654
(559) 638-0332
FAX: (559) 638-0382 | <input type="checkbox"/> Willow International
10309 N. Willow
Fresno, CA 93730
(559) 324-6403
FAX: (559) 324-6409 | <input type="checkbox"/> Madera Center
30277 Ave. 12
Madera, CA 93638
(559) 675-4864
FAX: (559) 675-4803 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|



State Center Community College District
Disabled Students Programs & Services (DSP&S)

POLICES AND PROCEDURES

Paperwork Requirements

1. Students wishing to participate in special programs and services offered through Disabled Students Programs & Services (DSP&S) are required to complete an intake interview and, if appropriate, additional testing to establish program eligibility.
2. An application for services and consent for release of information form need to be completed prior to the delivery of services.
3. Students receiving services through DSP&S must have a disability verified by an appropriate licensed professional and/or physician. Students are encouraged to bring verification verifying their disability to their intake interview.

Service Provision Requirements and Student Rights and Responsibilities

1. Students must possess the ability to respond appropriately to questions, follow directions, and demonstrate the potential to benefit from special programs and services.
2. Students are expected to follow the Standards of Student Conduct and Discipline established by State Center Community College District (SCCCD) (see current college catalog).
3. Students are responsible for scheduling appointments to meet their needs for services such as test proctoring, counseling, student educational plans and advising, etc.
4. Students receiving special services (i.e. interpreters, mobility, test proctoring, specialized counseling) must follow guidelines and procedures stated in this document, the college catalog, and the notification of services form, and notify the DSP&S office of their absence prior to the time these special services have been scheduled to delivered. Failure to do so may result in the suspension of these special services.
5. Students receiving special services (i.e. interpreters, mobility, test proctoring, specialized counseling) must notify the DSP&S office of their absence prior to the time these special services have been scheduled to be delivered. Failure to do so three consecutive times may result in the suspension of these special services.
6. Students must demonstrate annual measurable progress as set forth by SCCC policy (see current college catalog). Failure to do so may result in suspension of services.
7. Suspended services may be appealed through campus appeals process and may be reinstated during the current semester.
8. If an absence is disability related only, absence notifications to instructors may be sent upon request by calling the DSP&S office. Student is responsible to notify instructors of all other absences.
9. Students must be able to take care of their personal needs and/or provide their own attendant and/or personal aids per SCCC policy (see current college catalog).
10. Concerns or complaints regarding DSP&S will be processed according to the terms set forth in the Student Grievance Procedure (see current college catalog).
11. Concerns or complaints regarding authorized accommodations will be processed according to the terms set forth in the Academic Accommodations Committee.
12. Concerns or complaints regarding Sexual Harassment will be processed according to the terms set forth in District Administrative Regulation 5109 (see current college catalog, "Sexual Harassment").
13. Concerns or complaints regarding discrimination of any kind will be processed according to the terms set forth in Federal Law (see current college catalog, "Statement of Nondiscriminatory Policy and Obligations")
14. Concerns or complaints regarding student access to and release of records will be processed according to the terms set forth in the Family Education Rights and Privacy Act (see current college catalog).

The State Center Community College District uses the information requested on this form for determining a student's eligibility to receive authorized special services provided by DSP&S. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state and federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; U.S.C. 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et. Seq.

I have read and understand the above requirements.

Date

Student's Signature

Counselor/Ed Advisor Signature



- ☐ Fresno City College
- ☐ Reedley College
- ☐ Madera
- ☐ Oakhurst
- ☐ Willow International

Primary Disability Code: _____ **Secondary Disability Code:** _____

Revised 6/6/07

*** DISABILITY CODES ***

DISABILITY	WEIGHT (PRI/SEC)	CODE DESCRIPTION	DISABILITY TYPE
H	4.87/2.44	Communication Hearing	Select one of the following for each disability listed: PD-Primary or SD-Secondary
B	3.34/1.67	Acquired Brain Injury	
L	3.15/1.58	LD	
V	2.25/1.13	Physical Vision	
M	1.32/0.66	Physical Mobility	
O	1.32/0.66	Physical Other Health	
D	1.29/0.65	DDL	
S	1.0/0.5	Communication Speech	
P	0.38/0.19	Psychological	

*** PURPOSE CODES ***

CODE	DESCRIPTION	CODE	DESCRIPTION
ACAD	Academic Advising (Academic Adviser)	MOAS	Mobility Assistant
ADV	Academic Counseling (Counselor)	NS	No Show (missed appt.)
ADCL	Adaptive Computer Lab	NOTE	Note Taker Service
ADCT	Adaptive Computer Training	OR	Orientation
ALTM	Alternate Media: ref., MP3, Braille, WPM, etc.	OTHR	Other
ASTE	Assistive Tech: Tape Recorder, Spell Checker	PECO	Personal Counseling
ATB	Ability to Benefit (Assistance)	PHO	Phone Contact
CAAP	Canceled Appointment	PRDP	Probation Disqualification Petition
DSCO	Disability Counseling (primary/secondary)	PRG	Probation Regular
DQ1	Disqualification Counseling	PRSD	Probation Subject to Disqualification
DQ2	Disqualification Counseling	PRO	Progress Report
DQ3	Disqualification Counseling	REAS	Registration Assistance
DQ4	Disqualification Counseling	REF	Referred Off Campus (ref. to specific individuals)
EAR	Early Alert Counselor Appt	REFN	Referred On Campus (ref. to specific individuals)
EAC	Early Alert Counseling	SEP	Student Educational Plan
EAAR	Early Alert Referral	SPCL	Special Class
FIN	Financial Aid Appeal Counseling	SPPA	Special Parking
GRAC	Group Advising/Counseling	SPTU	Specialized Tutoring
ININ	Intake Interview	SSS	Student Support Services Program
INTE	Interpreter	STFU	Student Follow Up
IRTC	Interpretype Real Time Captioning	TAA	Test Accommodation (reader/ writer/modified)
JPL	Job Placement Service	TAT	Test Accommodations Time (extended time)
LDAD	LD Advising	TCA	Transfer Counseling (CSU, private, etc.)
LDAR	LD Assessment Referral	TILE	Tile Program
LDIN	LD Intake	TRA	Transcript Evaluation
LEDA	LD Assessment	TRAN	Transcript (Printed)
LDTR	LD Test Results Interpretation	TTCO	Transition to Community College Counseling
LEDE	LD Eligible	VET	Veteran Counseling
LEDN	LD Not Eligible	VOC	Vocational Counseling
LROA	Liaison Off Campus	WA	Workability III Program
LRSS	Liaison On Campus	WIIN	Withdrawal Interview

*** RESULT CODES ***

CODE	DESCRIPTION
LTR	LETTER-sent/received mail to/from student
O	ONLINE-email, online counseling, orientation, etc. (Do NOT use email code).
S	STUDENT-Appointment scheduled and contact made with student.
T	TELEPHONE-telephoned and contact with student was made.
W	WALK-IN-student walked-in and contact was made with student.

TESTING ACCOMMODATIONS POLICY STATEMENT
Disabled Student Programs & Services
NORTH CENTERS: WILLOW INTERNATIONAL/OAKHURST CENTER

1. **Accommodations Form:** Obtain copies of your accommodations form and deliver to instructors within the first week of classes.
2. **Request for Testing Accommodations:** Fill out and complete a form for each exam requested. Submit the completed form to the DSP&S office for further processing.
3. **Accommodations:** Any changes or up-dates must be verified and approved by the DSP&S Director/Counselor, e.g., changes from a quiet room to a private room.
4. **One Week for Test Requests:** Submit requests one week prior to the exam date.
5. **Two Weeks for Final Exam Requests:** Submit requests for final examinations two weeks before the first day of finals.
6. **Late Requests:** Repeated late requests will result in a review by a DSP&S Director/Counselor. Please submit requests on time.
7. **Hours of Operation:** The DSP&S office is open from 8:00am to 5:00pm Monday through Friday. **All exams taken through the DSP&S office must be scheduled between these hours.**
8. **Conflict with Test Date or Time:** Notify the DSP&S office of any time or date conflicts due to extended time, back-to-back classes, night classes, ect. Prior approval must be obtained from the instructor for date, day, or time changes. If you must make changes, be sure to speak personally to your instructor in advance of the test date about your request.
9. **Pop Quizzes / Weekly Quizzes:** See DSP&S Director/Counselor for guidance and assistance.
10. **Arrive on Time:** Your test time begins at the time you requested it to start, regardless of the time you actually arrive, similar to what is expected of you in the classroom.
11. **No Show:** A "no show" is anyone arriving 20 minutes or later to their exam. If you do not arrive for an exam, the unused test will be returned to your instructor. **DO CALL** if you are unable to take an exam due to illness, emergency, or decide to take the exam in class.
12. **Reschedule / Cancellation:** Phone or stop by the DSP&S office as soon as possible. **DO NOT** fill out another *Request for Testing* form, but please inform us about the new test date or time.
13. **Exam End Time:** Students are notified when the exam time is over. **NO ADDITIONAL TIME WARNINGS ARE PROVIDED.**
14. **Restroom Breaks:** Restroom breaks are **NOT** permitted after the exam begins unless you have "break" accommodations due to your disability. It is advisable to use the restroom in advance of the start of your exam.
15. **Cheating and Plagiarism:** Please consult the Course Catalog for full details. Use of any unauthorized materials will be reported, immediately, in writing to the course instructor.
 - Proctors make periodic room checks
 - Cell phones, pagers, palm pilots, and programmable memory devices must remain outside of the testing room, turned off, and placed in the DSP&S office.
 - Jackets, sweaters, coats and backpacks must be checked in at DSP&S office.
 - Scantrons, blue books, headphones, tapes, CD players, calculators, eyeglass cases, and hats will be inspected at the start of the exam.
 - You are not to leave the test site unless you have accommodations that permit you to get up, no exceptions.

Thank you for your assistance and cooperation.

I have read and understand the policy statement and agree to comply.

Signature _____ Date _____

Print your name _____

Disabled Student Program and Services

Lynn Samuelian/Director

Phone# 325-5235 Email: lynn.samuelian@scccd.edu

Testing Accommodations

Note: Students are required to initiate request ONE week prior to the exam date. Please don't forward an exam if you do not receive the request form.

- 1 Student MUST fill out a "Request for Testing Accommodations" and then make an appointment (One Week In Advance) at the DSPS (Room 190) for a room.
Note: This requirement will be enforced.
- 2 The student MUST give the instructor a completed request form to the, prior to the exam.
- 3 The instructor then will either take the exam and the request form to the Admissions and Records office in a blue envelope and place it in the "IN" box or take the exam directly to the DSPS office in room 190.. ***(Instructors, if you need to arrange another way to accommodate your students, please contact Lynn.)***
- 4 Students then will be responsible for showing up at the DSPS office on the scheduled date and time to take the exam.
- 5 DSPS will then return completed exams to the "Admissions and Records" office in a blue envelope and put them in the "OUT" box. If exams stay in the "OUT" box for 1 week they will then be placed in the instructor's mail box.
- 6 ***Test accommodations will be scheduled according to room and proctor availability.***

On behalf of the Disabled Students Programs and Services (DSPS) I want to thank you in advance for your assistance in providing a testing environment where students can achieve their full potential.

Strict security and confidentiality of your test materials is assured at all times

Please contact me if you have any questions or concerns.

TESTING ACCOMODATIONS REQUEST FORM

Disabled Student Programs & Services, Willow International
(559)325-5200

STUDENT ONLY PLEASE PRINT

Name _____ ID # _____ Today's Date _____

Professor's Name _____ Course _____

Days of Class _____ Time _____ Classroom # _____

Date of Exam _____ - _____ - _____ Day _____ Exam Start Time _____

Accommodations I am AUTHORIZED for and I am requesting: (Check Circles)

	Counselor Initial			Counselor Initial
<input type="checkbox"/> Reader	_____	<input type="checkbox"/>	Quiet Room	_____
<input type="checkbox"/> Writer	_____	<input type="checkbox"/>	Time + ¼	_____
<input type="checkbox"/> Calculator	_____	<input type="checkbox"/>	Time + ½	_____
<input type="checkbox"/> Enlarge Exam	_____	<input type="checkbox"/>	Double Time	_____
<input type="checkbox"/> Scan/Read Station	_____	<input type="checkbox"/>	Unlimited Time	_____
<input type="checkbox"/> Private Room	_____	<input type="checkbox"/>	Get Up/Move	_____

Other _____

Student Signature _____ Phone Number _____

PROFESSOR'S SIGNATURE REQUIRED PLEASE PRINT

Instructions: Please sign and complete this section. Deliver your exam in an envelope with this form to the front desk. You can call DSP&S at: (559) 325-5235 to notify this department that the exam has been delivered to the front desk. The exam will be returned to the front desk when the exam has been completed.

Professors Printed Name _____

Professors Signature _____

Exam time allowed for this class: Hours: _____ Minutes: _____

Resources authorized by you in the classroom during this exam:

<input type="checkbox"/> Open Notes	<input type="checkbox"/> Graphs/Charts	<input type="checkbox"/> Computer _____
<input type="checkbox"/> Open Book	<input type="checkbox"/> Calculator	<input type="checkbox"/> Other _____



State Center Community College District
Disabled Students Programs & Services (DSP&S)

NOTIFICATION OF AUTHORIZED SERVICES

The following student has a verified disability and as a result this student is authorized by Disabled Students Programs and Services (DSP&S) for the following marked accommodations. Please contact the DSP&S office if there are any questions and/or additional explanations needed.

Student Name: _____ Date: _____

ID#: _____ DSP&S Counselor: _____

CAMPUS: ☐ FCC ☐ RC ☐ Madera Center ☐ WI & Clovis Center ☐ Oakhurst Center

Testing Services

- ☐ test proctoring
- ☐ outside of classroom
- ☐ quiet room
- ☐ private room
- ☐ extended testing time
- ☐ time & ½
- ☐ double time
- ☐ unlimited time
- ☐ writer for test
- ☐ reader for test
- ☐ oral test
- ☐ scan and read

Alternate Format

- ☐ E-Text
- ☐ enlarged print
- ☐ Braille
- ☐ other: _____

Assistive Technology

- ☐ CCTV
- ☐ tape recorder
- ☐ spell checker
- ☐ alpha smart
- ☐ accessible computer station
- ☐ adaptive software
- ☐ calculator
- ☐ graphing
- ☐ scientific

General Accommodations

- ☐ adaptive P.E. classes
- ☐ note taker
- ☐ typing assistance
- ☐ interpreter
- ☐ table/chair
- ☐ proximity to door

Mobility Assistance

- ☐ tram services
- ☐ permanent
- ☐ temporary: _____
- ☐ handicapped parking permit
- ☐ permanent
- ☐ temporary: _____

Counseling

- ☐ advising and priority reg.
- ☐ student educational plan
- ☐ vocational counseling
- ☐ referral to support services
- ☐ personal/disability counseling

Other: _____

Other: _____

Other: _____

ADDITIONAL COMMENTS: _____

Counselor Signature: _____ Date: _____

I, _____ (Student), have reviewed the authorized accommodations with a DSP&S counselor and I agree with the above. I understand that I am responsible to provide a copy of this form to my instructors each semester. If at a later date I do not agree with these authorized accommodations I have the right to appeal through the campus appeals process.

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

DSP&S File: White

DSP&S Office: Yellow

Student: Blue

Instructor: Pink



State Center Community College District
Disabled Students Programs & Services (DSP&S)

REQUEST FOR ALTERNATE FORMAT

Campus: ☐ FCC ☐ RC ☐ Madera Center ☐ WI & Clovis Center ☐ Oakhurst Center

Student Name: _____
Last First M.I.

Semester Media Needed: _____ Telephone: _____ ID: _____

DIRECTIONS:

1. Student must meet with their counselor to complete form.
2. Student must take completed form and turn in to the Alternate Media Specialist.

☐ **VERIFICATION OF DISABILITY & APPROVAL FOR ALTERNATE MEDIA SERVICES:**

Authorized Alternate Format(s) include:

☐ Large Print: _____ font size ☐ PDF (Enlarge Doc.) ☐ MP3: _____ words/minute ☐ Braille

Counselor Signature _____

_____ Date

To receive textbooks, instructional workbooks/handouts, and other printed material in electronic format or other alternate media, students must complete this form and abide by the following policies:

☐ **POSSESSION OF INSTRUCTIONAL MATERIAL (POIM):** I understand that I must be registered in courses for which I request alternate media and all instructional material requested to be converted to an alternate format must be required for the course(s) registered in. Finally, I must demonstrate to DSP&S the possession of the standard instructional material required for the course prior to receiving the alternate media requested.

☐ **SECURITY OF ELECTRONIC TEXT AGREEMENT:** I understand that any electronic text, which may be supplied to me, is solely for my own educational purposes. I will not copy or distribute any such electronic text in violation of the Copyright Revisions Act of 1976, as amended (17 U.S.C. Sec. 101 et seq.). I understand that failure to abide by this agreement may constitute a violation of the colleges Student Code of Conduct and/or of the SCCC Disabled Students Programs and Services policy and procedures regarding responsible use of academic accommodations and supportive services. I understand that a violation of that policy, including improper distribution of electronic text, may result in suspension of academic accommodations, specifically alternate media. I also understand that the binding of my textbook may be removed and that is an integral step in the alternate media conversion process.

Signature of Student _____

_____ Date

☐ **Registration Printout/Schedule Attached.**

REQUESTED ALTERNATE MEDIA: TEXTBOOK

Course Title	Schedule #	ISBN#/Edition/Title	POIM

REQUESTED ALTERNATE MEDIA: OTHER STANDARD COURSE MATERIAL

Course Title	Schedule #	Description of other standard course material.	POIM