Copper Mountain College
DISABLED STUDENTS PROGRAMS AND SERVICES
STUDENT APPLICATION

Name: _____ Date: _____

ID: _____ Birth Date: _____

Address: _____

City, St, Zip _____

Phone No.: _____ Cell: _____

Email: _____

Copper Mountain College provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at the college. A variety of programs and services are available which afford eligible students the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations. Completion of this form constitutes an agreement to apply for Disabled Students Programs and Services.
Please check all the disabilities that apply to you:

☐ Learning Disability ☐ Visual Impairment ☐ Acquired Brain Injury ☐ Mobility
☐ Psychological ☐ Deaf / Hard of Hearing ☐ Developmentally Delayed Learner
☐ Physical
☐ Other – please explain: _____

If you have a physical, psychological or acquired brain injury, mobility, visual, and/or hearing we need verification from a professional doctor.

Dr. Name: _____ Phone No. _____

If you have a learning or developmental disability, please provide high school, or college information:

School: _____ City, State _____

If you received Special Education services in the past, mark the one that applies:
☐ Resource Room ☐ Special Day Class ☐ Transition Program ☐ IEP ☐ 504

Have you ever been tested for a Learning Disability? ☐ Yes ☐ No

If yes, where were you tested?

_____

If no, would you like to be? ☐ Yes ☐ No

How does your disability impact your learning?

_____

_____

Are you a client of any of the following agencies?

☐ Dept of Rehabilitation ☐ Inland Regional Center ☐ VA/Rehab

☐ Morongo Basin Mental Health

I have been informed of my right to vote? ☐ Yes ☐ No

I understand that participation in Disabled Students Program and Services is strictly voluntary. Your signature denotes application for services and consent to release of relevant information to instructors:

_____ _____

Student's Signature Date

_____ _____

Signature of Parent or Guardian (if under 18) Date

The Copper Mountain Community college School District complies with all state & Federal regulations and does not discriminate on the basis of race, color national origin, gender or disability. This holds true for all district employment and opportunities. Harassment of any employee or student with regard to race, color, national origin, gender, or disability is strictly forbidden. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX Officer and/or Section 504/ADA Coordinator. For the Title IX Officer and/or 504/ADA Coordinator contact the Human Resource Office, 6162 Rotary Way, Joshua Tree, CA 92252 (760) 366-5267

Enrolled? Yes ☐ _____ No ☐ _____ Date _____ Application Verified by_____