

Copper Mountain College
ACCESS Student Application

Date Received:

Received by:

Full Name: _____ **Student ID:** _____
Full Address: _____
Home Phone: _____ **Email:** _____
Cell Phone: _____ **Date of Birth:** _____

Copper Mountain College provides a variety of programs and educational services 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 ACCESS for students with disabilities.

Section 1: Please check all that apply to you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Mental Health Disability |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Other Health Condition |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Blind/Low Vision | | |

Section 2: This section is for students who received specific services in school. If this section does not apply, please go to Section 3. Verification from school is required.

School: _____ City, State: _____

What special education services did you receive in the past:

- | | | |
|--|--|---|
| <input type="checkbox"/> Resource Specialist Program (RSP) | <input type="checkbox"/> Special Day Class (SDC) | <input type="checkbox"/> Transition Program (TPP) |
| <input type="checkbox"/> IEP | <input type="checkbox"/> 504 | |

If tested for a learning disability, where were you tested? _____

Section 3: This section is for verification from a medical professional.

Dr. Name: _____ Phone No. _____
City, State: _____ Fax No. _____

Section 4: Check the descriptions that best describe how your impairment affects you.

- | | | |
|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Vision | <input type="checkbox"/> Test-taking |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Hearing | <input type="checkbox"/> Note-taking |
| <input type="checkbox"/> Math | <input type="checkbox"/> Health/Physical | |

Section 5: Check all that apply if you are currently receiving these services:

- | | | |
|---|---|---|
| <input type="checkbox"/> Department of Rehabilitation | <input type="checkbox"/> Inland Regional Center | <input type="checkbox"/> Veteran's Services |
|---|---|---|

I understand that participation in ACCESS is strictly voluntary. Your signature denotes application for services and consent to release relevant information to instructors.

Student Signature

Date

Signature of Parent or Guardian (if under 18)

Date

The Copper Mountain Community College School District complies with all State and 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.