

CONFIDENTIAL

**Copper Mountain College
ACCESS (DSPS)**

PO Box 1398, Joshua Tree, CA 92252 (760) 366-5201 x5861

DISABILITY VERIFICATION

The student named below may be eligible for accommodations at Copper Mountain College as required by State and Federal law. In order to provide services, we must have a verification of disability as defined on the reverse side of this sheet.

Last Name	First Name	MI	Date of Birth	ID#
Address	City	State	ZIP Code	Phone number

**THE FOLLOWING SECTION MUST BE COMPLETED BY A LICENSED OR CERTIFIED PROFESSIONAL
Please include name and address of the professional and agency**

Please provide the following information **in full** in order to assist us in determining reasonable educational accommodations:

Diagnosis of Disability(ies): _____
DSM IV Code and severity (if applicable): _____

Condition is: Permanent/Chronic Prone to exacerbation
 Stable Temporary – estimated duration of disability _____

Area(s) impacted: Reading Math Hearing Test-taking Mobility
 Writing Vision Health/Physical Note-taking

Check the descriptions that best describe the student's educational limitations:

- | | |
|---|--|
| <input type="checkbox"/> Limited visual acuity | <input type="checkbox"/> Panics in unfamiliar surroundings and/or situations |
| <input type="checkbox"/> Degree of hearing loss | <input type="checkbox"/> Difficulty focusing for extended periods of time |
| <input type="checkbox"/> Long term memory loss | <input type="checkbox"/> Difficulty overcoming unexpected obstacles |
| <input type="checkbox"/> Poor concentration | <input type="checkbox"/> Difficulty formulating and executing plan of action |
| <input type="checkbox"/> Short term memory loss | <input type="checkbox"/> Limited ambulation |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Difficulty taking notes in classroom |
| <input type="checkbox"/> Other: _____ | |

If applicable, how do side effects of prescribed medications substantially limit major life activities in an educational setting?

A PHOTOCOPY OF THIS IS VALID AS THE ORIGINAL - Please fax completed form to (760) 366-5265 Attn: ACCESS

I understand the information provided with this form will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student upon their written request.

Certifying professional:

Print Name	Title	License No.	Phone
Signature	Date		

If the above information is completed by someone other than the professional who made the diagnosis, please provide the name, license no, address, and phone number of the person who made the diagnosis:

The 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) Program. 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 (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note). 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.

COPPER MOUNTAIN COLLEGE
ACCESS
Disabled Student Programs and Services (DSPS)

Program Description

ACCESS (for students with disabilities) is a program that provides support services, specialized instruction, and educational accommodations to students with disabilities so that they can participate as fully and benefit as equitably from the college experience as their non-disabled peers. An Academic Accommodation Plan (AAP) is developed for each student which links student's goals, curriculum program, and academic adjustments, auxiliary aids, services and/or instruction to his/her disability related educational limitation.

Eligibility Criteria

The specific disability must be verified, and there must be an educational limitation that precludes the student from fully participating in general education without additional specialized services. This documentation must be in the student's file and must include the name and address of the professional and/or agency verifying the disability.

Examples of Qualifying Disabilities

Note: This list does not contain all disabilities – if unsure, please list the disability and the ACCESS Coordinator will make final determination of eligibility for educational purposes.

Acquired Brain Injury	Other Health Conditions
ADD/ADHD	Cancer
Deaf and Hard of Hearing	Chemical Sensitivities
Blind and Low Vision	Chiari 1 Malformation
Learning Disability	Diabetes
Intellectual Disability	Fibromyalgia
Autism Spectrum	Marfan's Syndrome
Mental Health	Seizures
Physical Disability	Stroke/TIA's
Temporary Health Conditions	Uncontrolled HBP

Services

Examples of services available through DSPS that are over and above those regularly offered by the college would be test-taking facilitation, assessment for learning disabilities, specialized counseling, interpreter services for hearing-impaired or deaf students, mobility assistance, note taker services, reader services, transcription services, specialized tutoring, access to adaptive equipment, job development/placement, registration assistance, special parking and specialized instruction.

The Vocational Education Act identifies the following additional "disability" conditions for services to students enrolled in eligible vocational programs:

Seriously emotionally disturbed, including mental or psychological impairments or chemical dependency.