



APPLICATION FOR SERVICES

Accessibility Coordination Center & Educational Support Services

Initial Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone \_\_\_\_\_ Pager or e-mail \_\_\_\_\_ Gender: (circle) male female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Educational Goals: (circle one) AA/AS Degree Transfer Vocational Certificate Basic Skills Other: \_\_\_\_\_

**ACCESS PROGRAM OVERVIEW**

Moorpark College provides educational services and assures access for eligible students with documented disabilities who intend to pursue coursework at this college. A variety of programs and services are available which afford eligible students with disabilities 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 services from ACCESS.

**STUDENT RESPONSIBILITIES**

- I will provide ACCESS with the information, documentation and/or forms (medical, educational, etc.) deemed necessary by ACCESS to verify my disability(ies).
- I understand that I must notify ACCESS of the services and accommodations I choose to use. Accommodations and services are neither mandatory nor automatic.
- I agree to meet with an ACCESS specialist, each semester, to complete a *Student Educational Contract*.
- I understand that ACCESS follows written service provision policies and procedures that must be followed for continuation of services. I understand the handbook outlining these procedures is available on the ACCESS website or in alternate format at my request.
- I agree to use ACCESS services in a responsible manner.
- I will comply with the "Moorpark College Student Code of Conduct" as outlined in the *Moorpark College Catalog*.

I have access to a copy of the ACCESS policies and procedures in my preferred format. I understand what is required for ACCESS services and I understand the consequences of failing to comply with the rules for responsible use of these services. As outlined in these procedures, I understand that I will be notified in writing before any action is taken to change or suspend services. I understand that if an agreement between faculty, ACCESS, and myself cannot be reached, I may file an appeal through the college grievance process as outlined in the *Moorpark College Catalog*. By signing this application I affirm that I understand ACCESS requirements, agree with my responsibilities as an ACCESS participant, as outlined above, and I will abide by them.

ACCESS assures that the student will be notified, in writing, prior to the suspension of any services. ACCESS will refer this student to the formal college grievance procedure should agreement regarding accommodation, eligibility, or services fail to be reached by all parties.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Moorpark College ACCESS and the Ventura County Community College District use the information requested in this packet for the purpose of determining a student's eligibility to receive authorized special services provided by ACCESS. 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 Education 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. s552a,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.



# VERIFICATION OF ELIGIBILITY

Accessibility Coordination Center & Educational Support Services

I am requesting ACCESS services based on the following disability(ies). I understand that no services are required to be provided until appropriate verification is obtained. At the discretion of ACCESS, services may be provisionally provided for one semester.

Students: ✓ any that apply	Disability(ies)	For Office Use Only				
			Primary	Secondary	Under Assessment	Verified by:
	Acquired Brain Injury	B				
	Dev. Delayed Learner	D				
	Hearing Impaired	H				
	Learning	L				
	Mobility	M				
	Other Health Impaired	O				
	ADD/ADHD	O				
	Psychological	P				
	Speech/Language	S				
	Vision	V				
	<b>I will need assistance in the event of an emergency evacuation</b>					

I affirm that this information is true to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This student may use ACCESS services this semester while official verification is in progress

ACCESS Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

### Verification and Eligibility has been made through:

- Review by ACCESS specialist and coordinator
- Assessment by ACCESS specialist (see file for report)
- Review of documentation provided by appropriate agencies or certified or licensed professionals

Based on documentation of the disability(ies) listed above, in my professional judgment, I, the undersigned ACCESS specialist, verify that this student is eligible to receive educational services and/or accommodations as outlined on the "ACCESS Authorized Accommodations" form.

ACCESS Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

ACCESS Director Authorization \_\_\_\_\_ Date \_\_\_\_\_