MOORPARK COLLEGE

APPLICATION FOR SERVICES

Accessibility Coordination Center & Educational Support Services

Initial Application Date _____/_____/_____

Name ___________________________ Student ID # _______ - _______ - _______ DOB _____/_____/_____

Phone ____________ (Home) _______ (Cell) VCCCD E-Mail __________________________

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 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 policies and procedures are 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. ss552a.note). The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84650; and California Code of Regulations, Title 5, Section 56000 et. seq.

Alternate Format Available – Call (805) 378-1461

Rev. 10/11/12
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.

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<th>Students: ✓ any that apply</th>
<th>Disability(ies)</th>
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I will need assistance in the event of an emergency evacuation

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 Coordinator Authorization ____________________________________________ Date ________________
To: ___________________________________________________________, Treating Professional or Verifying Institution

Address: __________________________________________________________________________________

Phone: _______________________
Fax: ___________________________ Date of last service(s):  ___________________

Re: ______________________________________, Student SS # XXX - XX - _______ DOB ____ - ____ - _____

Please indicate any other name(s) used:____________________________________________________________________

I consent to the release of information regarding my disability(ies) to Moorpark College ACCESS. I understand this information will be used to determine my eligibility for special services and/or accommodations. This information will be used consistent with the Federal Family Education Rights and Privacy Act of 1974, and other laws, regulations, or policies in compliance with Section 504 of the Rehabilitation Act and The Americans with Disabilities Act. I understand that all information will be confidentially maintained as part of my records with ACCESS. I authorize the release of information to include the records identified below:

☐ Diagnosis of disability signed by an appropriate medical practitioner or psychologist
☐ Psychological testing including evaluation results and diagnosis
☐ Vocational Rehabilitation Plan
☐ Learning Disability Assessment Results
☐ Educational records (including Individualized Education Plan -IEP) and any other data pertinent to assisting us in formulating an effective educational plan
☐ Audiologist and speech/language pathology reports
☐ Detailed results of psychological or medical testing that led to the disability diagnosis
☐ Other _____________________________________________________

I further give permission for ACCESS staff to discuss my educational requirements with other professionals, including instructors on campus, who have a legitimate educational need to know. This authorization shall remain in effect during my enrollment at Moorpark College or until revoked by me in writing and signed by the ACCESS Coordinator.

Information may also be released to _____________________________________________________________________________

Student Signature Required __________________________________________ Date ___________________

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A PHOTOCOPY OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL
THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING BY THE STUDENT