



CONFIDENTIAL

Los Angeles Harbor College
Special Programs & Services (SPS)

Academic Year:

Student Data Form (Continuing /Returning Student)

Program Description: SPS provides access and opportunities to students with documented disabilities, who intend to pursue coursework at the college. SPS offers programs and services for current and prospective students with educational limitations to support the opportunity to participate fully in all aspects of the college through appropriate and reasonable academic accommodations.

In order to access SPS, individuals must:

(1) Complete this Student Data Form, (2) Have a verification of disability (Doctor's Note/IEP/504 Plan/Etc.) on file, and (3) Complete the college matriculation process and be eligible for enrollment and registration.

Last Name:

First Name:

Student ID:

Phone #:

Date of Birth:

Email Address:

Address:

City/Zip code:

Emergency Contact:

Phone #:

Please select your status as a SPS student:

☐ Current ☐ Returning - Last semester attended:

Are you a client of the Department of Rehabilitation?

☐ Yes ☐ No Counselor:

Phone#:

Are you a client of the Regional Center?

☐ Yes ☐ No Case Manager:

Phone#:

Are you taking any medication(s) that may affect your academic success?

☐ Yes ☐ No

List medication(s) and adverse effect(s):

Do you use any of these On-Campus Services?:

EOPS

☐ Yes ☐ No

APASS

☐ Yes ☐ No

CalWORKS

☐ Yes ☐ No

CHAMPS

☐ Yes ☐ No

NextUP

☐ Yes ☐ No

DREAMERS

☐ Yes ☐ No

Harbor Promise/Success

☐ Yes ☐ No

PUENTE

☐ Yes ☐ No

Veteran's Resource Center

☐ Yes ☐ No

UMOJA

☐ Yes ☐ No

Special Programs & Services (SPS) provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at Los Angeles Harbor College. Completion of this form constitutes an agreement to apply for SPS.

STUDENT SIGNATURE:

DATE:



For Office Use Only

Los Angeles Harbor College
Special Programs & Services

Academic Year:
TRiO:

Academic Accommodation Plan

Student: please do not type on this page.

Last Name:

First Name:

Student ID:

Phone #:

Date of Birth:

Email:

STATUS:

New Current

Returning, Last term attended:

PRIMARY DISABILITY:

Deaf/HOH

Autism Spectrum

Learning

Blind/Low Vision

ABI

Other

Mental Health

Intellectual

Physical

ADHD

AGE OF ONSET (Check One):

(1) Congenital (4) 19 to 37

(2) 5 and under (5) 38 to 55

(3) 6 to 18 (6) 56 and over

FUNCTIONAL/EDUCATIONAL LIMITATIONS:

Unable to:

take examinations in a traditional manner/time/location.

participate in class activities without Auxiliary Aids and services.

participate in mainstream Kinesiology classes.

participate in mainstream classes without instructional intervention through Educational Assistance (Learning Skills/Learning Foundation) classes.

concentrate on, process and/or organize academic material without Auxiliary Aids and services.

fully benefit from campus/class activities without academic, vocational, personal counseling or advocacy services.

compete for employment without Educational Assistance instruction and/or job placement services.

Comments:

Approved Academic Adjustments, Auxiliary Aids, and/or Services:

<input type="checkbox"/> Extended test time: 150% 200%	<input type="checkbox"/> Note-taker (Volunteer)	<input type="checkbox"/> Priority Registration
<input type="checkbox"/> Reduced-Distraction test location	<input type="checkbox"/> Audio recording	<input type="checkbox"/> Reduced course load/units
<input type="checkbox"/> Writer for tests	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Equipment Loan
<input type="checkbox"/> Reader for tests	<input type="checkbox"/> Alternate media for course materials	<input type="checkbox"/> Accessible classroom furniture
<input type="checkbox"/> Alternate media for tests	<input type="checkbox"/> Interpreter Services	<input type="checkbox"/> Preferential seating
<input type="checkbox"/> Use of spellcheck for tests	<input type="checkbox"/> Real time captioning	<input type="checkbox"/> Referral to community services
<input type="checkbox"/> Use of computer/assistive software for tests	<input type="checkbox"/> Assistive Listening Device	<input type="checkbox"/> Referral to campus services
<input type="checkbox"/> Other:		

Comments:

SP&S Personnel Signature:

Date:

Student Signature:

Date: