

If you require this form in an alternative format, please contact SAS at (408) 288-3746, or email sjcc.sas@sjcc.edu.



STUDENT ACCESSIBILITY SERVICES
2100 Moorpark Avenue, San Jose, CA 95128-2799
Phone: 408-288-3746
Fax: 408-971-8201
Email: sjcc.sas@sjcc.edu

Application for Services

Date: _____

General information

Student ID#: _____

Name: _____ Date of Birth: _____
Last First Middle Initials

Address: _____
Number Street City State Zip Code

Cell Phone #: _____ Secondary Phone #: _____

Email: _____

Person to be notified in case of emergency

Name: _____ Relationship to Student: _____
Last First

Contact #: _____ Secondary Contact #: _____

Disability Information -Please check all disabilities with which you have been diagnosed

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Autism/Asperger	<input type="checkbox"/> Mobility
<input type="checkbox"/> Blind/Low Vision	<input type="checkbox"/> Speech
<input type="checkbox"/> Acquired Brian Injury (TBI)	<input type="checkbox"/> Temporary Disability (Describe): _____
<input type="checkbox"/> Deaf/Hard of Hearing	
<input type="checkbox"/> Intellectual Disabilities/ DDL	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Learning Disability (from IEP or LD Assessment)	<input type="checkbox"/> I feel I have a learning disability and would like testing.

How does this disability(ies) affect your school related activities?

Please check all accommodations/services you may require:

General Accommodations

- Note Taker
- Adjustable Table/ Ergonomic Chair
- Preferential Seating:

Specialized Instruction

- Specialized classes
- Tutoring

Alternate Format

- E-Text
- Enlarged Print
- Braille
- Audio

Deaf/HoH Services

- ASL Interpreter
- Real time captioner

Testing Services

- Extended Testing Time

Assistive Technology

Briefly explain any additional information about the accommodations/services you may require (optional):

Application for Services

What is your academic/ vocational goals?

- Transfer to a 4 year university/college AS/AA Degree Certificate/ Vocational
 Basic Skills ESL Other: _____

Major/Interest: _____

Check other SJCC programs you receive services from:

- Athletics EOPS Veterans Other: _____
 CalWorks METAS Not Applicable

Check community programs you receive services from:

- Department of Rehabilitation Post-secondary program San Andreas Regional Center
 Greater Tomorrow Lights of Hope Other: _____

First Community Program Contact (Skip if this is not applicable to you)

Name of Program: _____

Case worker/Counselor Name: _____

Contact Number: _____

Email: _____

Secondary Community Program Contact (Skip if this is not applicable to you)

Name of Program: _____

Case worker/Counselor Name: _____

Contact Number: _____

Email: _____

Educational History

What year did you graduate/will graduate from high school? Year: _____

Have you ever received Special Ed/504/IEP Resource/Remedial support? Yes No

Do you have transcripts from other colleges/universities? Yes No

Have you ever been registered with a DSPS/SAS office at another college? Yes No

If YES, please provide the name of the college. College: _____

Employment

Are you currently working? Yes No If no, skip the following questions

What is your occupation? _____

How many hours per week are you working? _____ Hours