

**FOOTHILL COLLEGE**12345 El Monte Road
Los Altos Hills, CA 94022
www.foothill.edu/al**ADAPTIVE LEARNING DIVISION (ALD)****DISABILITY RESOURCE CENTER (DRC)**

Phone: (650) 949-7017/7102

Fax: (650) 917-1064, Room 5801

APPLICATION FOR SERVICES

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Disability Resource Center (DRC) | <input type="checkbox"/> Transition To Work (TTW) |
| <input type="checkbox"/> Student Tutorial Evaluation Program (STEP) | <input type="checkbox"/> Adapted Physical Education (APE): Site _____ |
| <input type="checkbox"/> Computer Access Center (CAC) | <input type="checkbox"/> Community-Based Program (CBP): Site _____ |

Student Name: _____

First	Last
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Address: _____

Street	Apt #	City	Zip
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Date of Birth: _____ **SID#:** _____**Phone #:** () _____ **Email:** _____**Initial Date of Application for Services:** Quarter M F W S Year _____

For DRC On-Campus Programs Only

 State Department of Rehabilitation (DR) client or Private Rehabilitation client**Counselor's Name:** _____ **Phone #:** () _____**Type of Disability?** _____**Do you take any medications that would affect your education? If yes, how?** _____**Emergency Name:** _____ **Phone #:** () _____**Comments:** _____**ALD/DRC Staff Signature:** _____ **Date:** _____

Foothill College provides educational services and access for eligible students with documented disabilities or functional limitations, which intend to pursue coursework at Foothill 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 at the ALD/DRC.

Student Signature: _____ **Date:** _____

STUDENT'S RESPONSIBILITIES

1. Will provide the ALD/DRC office with the information, documentation and forms (disability verification or medical verification, student educational contract, release of information) deemed necessary by the ALD/DRC to verify my disability.
2. Will meet with the ALD/DRC professional to complete a student educational contract and agree to meet at least annually to update the student educational contract.
3. Will utilize the ALD/DRC services in a responsible manner and understand that the ALD/DRC uses written service provision policies and procedures that must be adhered to for continuation of services.
4. Will comply with the Student Code of Conduct adopted by the college.

By signing above, the student understands and must fulfill the requirements for participation in the ALD/DRC. Student have received a copy of the policy on suspension of ALD/DRC services and understand the consequences of failing to comply with the rules for responsible use of ALD/DRC services. A written notification will be given to the student before any action is taken to suspend services.

The Community College District uses the information requested on these forms for the purpose of determining a student's eligibility to receive authorized special services provided by the Adaptive Learning Division. Personal information recorded on these forms 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), providing 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 5600 et seq.