

CAÑADA COLLEGE
Disabled Student Programs & Services (DSP&S)
4200 Farm Hill Blvd.
Redwood City, CA 94061
Phone (650) 306-3259 Fax (650) 306-3185
TDD (650) 306-3161

APPLICATION FOR SERVICES
(On-Campus)

- ☐ Disability Resource Center (DRC)
- ☐ Learning Achievement Program (LAP)
- ☐ Adapted Physical Education (APE) Off-Campus

Initial Date of Application for DRC/LAP Services: _____
Year: _____ Semester: ☐ Fall ☐ Spring ☐ Summer

Applicant information

Student's Name: _____ SSN: _____

Date of Birth: _____ Phone: _____

Address: _____

☐ State Department of Rehab Client ☐ Private Rehab Client

Counselor's name: _____ Phone: _____

DRC/LAP Program Review

Cañada College provides educational services and access for eligible students with documented disabilities or functional limitations, who intend to pursue coursework at Cañada 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 DRC/LAP.

Student's Responsibilities

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

I understand I must fulfill the requirements for participation in the DRC/LAP. I have received a copy of the policy on suspension of DRC/LAP services, and I understand the consequences of failing to comply with the rules for responsible use of DRC/LAP services. I understand that I will be notified in writing before any other action is taken to suspend services. By signing this application, I affirm that I understand and agree with the DRC/LAP responsibilities of students and I will abide by them.

DRC/LAP Specialist's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Office Use Only

Comments: _____

