

Learning Assistance Program Application for Services

LAP provides access and opportunities to students with documented disabilities, who intend to pursue coursework at the college. LAP offers services for students to support the opportunity to participate fully in all aspects of the college through reasonable academic adjustments and accommodations.

Last Name: _____ First Name: _____ Student ID: H _____
 Street Address: _____
 City: _____ State/Zip: _____
 Contact Phone: _____ Email: _____
 Pronoun choice: She/Her/Hers He/Him/His Them/They/Theirs Prefer not to state
 DOB: _____

Which disability or disabilities do you identify as having? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Acquired/Traumatic Brain Injury | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Blind/Low Vision |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Intellectual or Developmental Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical or Mobility Disability |
| <input type="checkbox"/> Mental Health Disability | <input type="checkbox"/> Other (Please identify): _____ |

What learning related activities does this disability impact?

- | | | |
|---|---|---|
| <input type="checkbox"/> Managing disability issues | <input type="checkbox"/> Hear/process auditory material | <input type="checkbox"/> Manual manipulation of objects |
| <input type="checkbox"/> Completing tests on time | <input type="checkbox"/> See/process visual material | <input type="checkbox"/> Staying focused/paying attention |
| <input type="checkbox"/> Producing written material | <input type="checkbox"/> Speed of processing material | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Producing oral material | <input type="checkbox"/> Mobility concerns | <input type="checkbox"/> Other: _____ |

What accommodations or academic adjustments do you believe will provide you access at Allan Hancock College?

- | | | |
|--|---|--|
| <input type="checkbox"/> Extended testing time | <input type="checkbox"/> Note taking assistance | <input type="checkbox"/> Preferential seating |
| <input type="checkbox"/> Reduced distraction/noise testing environment | <input type="checkbox"/> Scribe on tests | <input type="checkbox"/> Priority registration |
| <input type="checkbox"/> Alternative testing location | <input type="checkbox"/> Accessible class furniture | <input type="checkbox"/> Disability management |
| <input type="checkbox"/> Use of calculator | <input type="checkbox"/> Permission to audio record | <input type="checkbox"/> Self-advocacy assistance |
| <input type="checkbox"/> Use of spellcheck | <input type="checkbox"/> Sign language interpreter | <input type="checkbox"/> Word processor |
| <input type="checkbox"/> Reader on tests | <input type="checkbox"/> Real time transcription | <input type="checkbox"/> Liaison with faculty |
| <input type="checkbox"/> E-text | <input type="checkbox"/> Alternative format materials | <input type="checkbox"/> Stand/move/leave class periodically |
| | <input type="checkbox"/> Assistive technology | |

Do you need help evacuating in case of an emergency? Yes No

Have you received disability support at another college? Yes No

If yes, what college?

Please check any organizations that you are currently working with.

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Department of Rehabilitation | <input type="checkbox"/> EOPS |
| <input type="checkbox"/> Regional Center | <input type="checkbox"/> Cal-SOAP |
| <input type="checkbox"/> SSDI/SSI | <input type="checkbox"/> CARE |
| <input type="checkbox"/> Veteran's Affairs | <input type="checkbox"/> MESA |
| <input type="checkbox"/> WIC/TANF | <input type="checkbox"/> NextUp |
| <input type="checkbox"/> CalWorks | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Counselor or Contact at Agency checked: | |

Please list the high school(s) you attended.

You earned a: High School Diploma GED Certificate of Completion Other:

Please mark any high school programs you participated in to support your education.

Resource Program Special Day Class 504 Program Response to Intervention

What is your current educational goal?

- | | |
|--|--|
| <input type="checkbox"/> Associate in Arts Degree in: | <input type="checkbox"/> Bachelor Degree in: |
| <input type="checkbox"/> Associate in Science Degree in: | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> Certificate in: | <input type="checkbox"/> Career Training |
| <input type="checkbox"/> Personal learning/enrichment | <input type="checkbox"/> Undecided |

The information contained in this application is as accurate as possible. This confidential information may be shared on my behalf with Allan Hancock LAP personnel who are directly involved with the program and have a legitimate need to know.

Student Printed Name

Student Signature

FOR OFFICE USE ONLY

INTAKE APPT: Date: _____ Time: _____ Specialist Initials: _____

LAP MATRICULATION: Application VOD AAP SEP

DISABILITY CODE(S): A B D H L M O P S U V

Guidelines for Verification of Disability

In order to be eligible for academic adjustments, auxiliary aids, services and/or instruction a student must have a disability which is verified and results in an educational limitation. The existence of a disability may be verified, by one of the following means: (1) observation by certificated DSPS staff; (2) assessment by certificated DSPS staff; or (3) review of documentation by certificated staff provided by appropriate agencies or certified or licensed professionals outside of DSPS. (*Title 5, Section 56006*)

The list below provides examples of documentation to verify different disabilities.

Learning Disability: Most recent psycho-educational report signed by high school psychologist, college LD Specialist or other appropriately licensed professional; Needs to include cognitive and achievement standard scores

Developmentally Delayed Learner: Most recent psycho-educational report signed by psychologist; Needs to include cognitive and achievement standard scores

Speech Language Disability: Most recent speech-language report signed by speech-language pathologist

Acquired Brain Injury: Most recent neuropsychological report signed by licensed clinical neuropsychologist or medical information signed by neurologist or other physician

Attention Deficit Hyperactivity Disorder: Most recent report signed by licensed psychologist, psychiatrist or other appropriately licensed health care provider; must include DSM IV diagnosis and description of impact on daily functioning

Autism Spectrum: Most recent report signed by psychologist, psychiatrist or other physician; must include DSM IV diagnosis and description of impact on daily functioning

Deaf or Hard of Hearing: Most recent audiogram signed by licensed audiologist

Orthopedic/Mobility: Recent comprehensive report signed by physician

Psychological: Most recent report signed by licensed psychologist, psychiatrist or other appropriately licensed health care provider; must include DSM IV diagnosis and description of impact on daily functioning

Visually Impaired: Most recent report signed by ophthalmologist or optometrist which includes diagnosis and information about visual acuity, field of vision, and whether or not the condition is progressive

Other Disabilities/Health conditions: Recent comprehensive report signed by physician

Learning Assistance Program Student Rights

As a qualified student with a disability, you have the right to receive necessary academic accommodations based upon your educational limitations in order to have access to activities, programs, and services. The college faculty and staff shall not automatically reject an accommodation unless the identified accommodation has been determined to lower academic standards or fundamentally alter the course or program in question, pose a health or safety risk, or if a more effective or feasible accommodation exists.

- Your participation in Learning Assistance Program (LAP) shall be entirely voluntary.
- Receiving LAP support services and accommodations or LAP instruction shall not preclude you from participating in any other course, program or activity offered by the college.
- All records maintained by LAP personnel pertaining to your disability shall be protected from disclosure and shall be subject to the Family Educational Rights and Privacy Act (FERPA) requirements for the handling of student records. However, your consent to release information is not required as long as the disclosure is to other school officials (including instructors) within the college whom Allan Hancock College has determined to have legitimate educational interests. Portions of the information you present to LAP may be shared with the Chancellor's Office of the California Community Colleges or other state and federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including FERPA. According to Section 7 of the Federal Privacy Act, providing your social security number is voluntary.
- You shall not be excluded from the participation in, be denied benefits of, or be subjected to discrimination under any program or activity in a public entity. In essence, you shall not be discriminated against on the basis of a disability.

If you wish to file a complaint or grievance regarding discrimination on the basis of a disability, you should follow the discrimination complaint procedure outlined in the college catalog. You may also contact the US Department of Education Office for Civil Rights (OCR) at 1-800-421-3481 or 1-415-486-5570.

I have reviewed this page of LAP student rights.

Signature

Date

Printed Name

HNumber

Learning Assistance Program Student Responsibilities

As a student receiving LAP services you have the following responsibilities:

- Request services/accommodations in a timely manner.
- Provide LAP with the documentation deemed necessary to verify your disability(ies).
- Meet with an LAP specialist to complete an Academic Accommodation Plan (AAP)
An AAP is a plan to address your specific needs as a student with a disability. The AAP specifies the adjustments and accommodations that are identified by you and an LAP specialist as necessary and reasonable to provide access
- Demonstrate measurable progress as determined by the college policy on academic and progress performance. This policy is available in the college catalog.
- Notify LAP in advance of any absences from class or appointment if you are receiving interpreting, transcribing, or other LAP services provided in class.
- Return any equipment on loan from LAP at the end of each semester (if borrowed equipment is not returned, you will be held responsible for the replacement costs).
- Utilize the LAP in a responsible manner and abide by LAP policies and procedures; and
- Abide by the Guidelines for Student Conduct and Academic Honesty Policy (AHC Board Policy 5500). Both policies are available for review in the college catalog.

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

Student Signature

Date

Student Printed Name

HNumber