

APPLICATION TO REQUEST DISABILITY SUPPORT SERVICES

Name Last	First		#
DSPS), for eligible students with	support services, through the Dis n disabilities who intend to pursue ent to apply to DSPS. Please com	e coursework a	at IVC. Completion of
Please check any disabilities th □Visual Impairment □ Acquired Brain Injury □ Mobility □Other Health Conditions	nat may apply to you: ☐ Deaf/Hard of Hearing (circle on ☐ Learning Disability ☐ Mental Health	☐ Autisr ☐ Intelle	D m Spectrum ectual Disability
At what age did your disability occ	cur? How does your disab	oility impact you	r learning?
Please list any academic accommodations previously received:			
• • • •	SP) □Special Day Class(SDC) gencies: Center □VA Rehab □Behav urrently participating in any of the foler □Financial Aid □C	vioral Health	
disability. 2. I will meet with a DSPS pro 3. I will follow the DSPS Serv 4. I will comply with IVC Stud	ecent written documentation (medical ofessional at the beginning and end vice Policy and utilize services in a relent Code of Conduct.	of the semeste esponsible man	r to discuss my progress. ner.
Applicant's Signature		Date	
☐ I acknowledge receipt of voter registration information in compliance with the National Voter Registration Act.			
Office use: Intake completed on: Initials:			