LAS POSITAS COLLEGE

Disabled Student Programs & Services
3000 Campus Hill Drive | Room 1615, Livermore, CA 94551

APPLICATION FOR SERVICES

Last Name: _____ First Name: _____

W#: _____ Date of Birth: _____ Gender: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

- Are you requesting DSPS services for a short-term injury? Yes ☐ No ☐
  Please provide documentation for the short-term disability if available.
- Are you a Department of Rehabilitation client? Yes ☐ No ☐
- Are you (or have you ever been) a Regional Center Client? Yes ☐ No ☐

Briefly explain why you are requesting services through the Disabled Student Programs and Services department:

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For Office Use Only

☐ Acquired Brain Injury (ABI)	☐ Intellectual Disability (ID)
☐ Attention Deficit Hyperactivity Disorder (ADHD)	☐ Learning Disability (LD)
☐ Autism Spectrum	☐ Mental Health Disability
☐ Blind/Low Vision	☐ Physical Disability
☐ Deaf/Hard of Hearing (DHH)	☐ Other Health Condition/Disability