



## **Disabled Student Programs and Services (DSPS) Student Application**

The Palo Verde College (PVC) Disabled Student Programs and Services (DSPS) is committed to supporting your educational goals by addressing your disability-related needs. Services are approved on a case-by-case basis and are determined through an intake process between the student and a DSPS counselor.

Before submitting this application, you must first complete the following steps:

1. Apply to PVC at [www.paloverde.edu](http://www.paloverde.edu), and receive your student ID #.
2. Submit your Disability Verification Form in person or by e-mail to [DSPS@paloverde.edu](mailto:DSPS@paloverde.edu).

**Please complete the following to the best of your ability.**

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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**Gender:** ( ) Male ( ) Female ( ) Nonbinary/Other    **Birthdate(MM/DD/YYYY):** \_\_\_\_\_

**PVC Student ID #:** \_\_\_\_\_ **Are you currently enrolled in classes at PVC :** ( ) Yes ( ) No

**Phone #:** \_\_\_\_\_ **Alternative Phone #:** \_\_\_\_\_  
(Please inform the DSPS department of any changes.)

**PVC Issued Student E-mail Address:** \_\_\_\_\_@paloverde.edu

**Current GPA:** \_\_\_\_\_

**Did you have a 504 Plan or IEP in high school?** ( ) Yes ( ) No

**Have you ever received accommodations at another college?** ( ) Yes ( ) No

**What other student support programs are you a part of?** (select all that apply)

( ) EOPS ( ) CARE ( ) CalWorks ( ) Upward Bound ( ) SSS ( ) Next Up

**Are you a Veteran or a Veteran dependent?** ( ) Yes ( ) No

(Please click on the following link to see the services PVC provides to Veterans and their families:

<https://www.paloverde.edu/current-students/veterans/default.aspx>)

**NATURE OF DISABILITY: (please check all that apply):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Acquired Brain Injury</b>    | <input type="checkbox"/> <b>Physical Disability</b>      | <input type="checkbox"/> <b>Attention Deficit Hyperactivity Disorder</b> |
| <input type="checkbox"/> <b>Intellectual Disability</b>  | <input type="checkbox"/> <b>Blind and Low Vision</b>     | <input type="checkbox"/> <b>Other Health Conditions and Disabilities</b> |
| <input type="checkbox"/> <b>Mental Health Disability</b> | <input type="checkbox"/> <b>Autism Spectrum Disorder</b> |  |
| <input type="checkbox"/> <b>Learning Disability</b>      | <input type="checkbox"/> <b>Deaf and Hard of Hearing</b> |  |

**Please describe how your disability affects you academically.**

**Long-Term Goal:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Transfer</b>     | <input type="checkbox"/> <b>Job Skills</b>                  | <input type="checkbox"/> <b>Basic Skills</b> |
| <input type="checkbox"/> <b>AS/AA Degree</b> | <input type="checkbox"/> <b>Personal/Social Development</b> | <input type="checkbox"/> <b>Other</b>        |
| <input type="checkbox"/> <b>Certificate</b>  |   |  |

**Major:** \_\_\_\_\_

If you are interested in receiving additional support through our **TRiO Student Support Services** program, please complete the next section. If not, please complete this application by going to the **Student Rights and Responsibilities** section at the bottom.

# TRiO Student Support Services (SSS)

The Trio-Student Support Services program provides opportunities for academic development, assists students with college requirements, and serves to motivate students toward the successful completion of their post-secondary education. The program provides an interconnected series of academic support services such as study skills development, tutoring to mastering course content, individualized advising, career guidance, campus tours, student success workshops, financial counseling, and more.

Federal regulations determine eligibility for TRiO Student Support Services. To qualify, a student must be a U.S. citizen or permanent resident and meet one or more of the following criteria:

- First-Generation College Student (neither parent has completed a bachelor’s degree)
- Low Income (see income guidelines below)
- Documented Disability Status

**What is your race or ethnicity:** ( ) American Indian or Alaskan Native ( ) Asian ( ) Black or African American ( ) White ( ) Native Hawaiian or Pacific Islander ( ) Native Hispanic or Latino

**Citizenship:** ( ) US Citizen ( ) Naturalized Citizen ( ) Permanent Resident ( ) Non-Citizen  
( ) In the Process of Applying

**Did either your mother or father receive their bachelor’s degree?** ( ) Yes ( ) No

Federal TRiO Programs Current-Year Low-Income Levels	
Size of Family Unit	Family Taxable Income
1	\$22,590
2	\$30,660
3	\$38,730
4	\$46,800
5	\$54,870
6	\$62,940
7	\$71,010
8	\$22,590

**How many people are in your household, including yourself?** \_\_\_\_\_

**What was your household's Annual Taxable Income?** \_\_\_\_\_

**Academic Need(s) (please check all that apply):**

- |   |  |
|---|--|
| <p>( ) Low high school/college grades</p> <p>( ) Out of academic pipeline 5+ years</p> <p>( ) Limited English proficiency</p> <p>( ) Lack of education/career goals</p> | <p>( ) Need academic support to raise grades</p> <p>( ) Lack of academic prep for college</p> <p>( ) High school equivalency</p> <p>( ) Other: _____</p> |
|---|--|

# Student Rights and Responsibilities

## Student Rights

- My participation in DSPS/SSS is entirely voluntary.
- Receiving support services or instruction through DSPS/SSS shall not preclude me from participating in any other course, program, or activity offered by the college or from receiving basic academic adjustments required by state and federal law.
- I consent for the DSPS/SSS to keep a copy of my medical records for use in my education/career planning. All records maintained by DSPS/SSS pertaining to my medical condition(s)/disability(ies) shall be protected from disclosure and shall be subject to all other confidentiality requirements for handling student records.

( ) I have read the above information and agree.

## Student Responsibilities

- I will provide DSPS/SSS with the necessary information, documentation and/or forms (medical, educational, etc.) to verify my disability-related needs.
- I will meet with a DSPS/SSS counselor to complete an Academic Accommodations Plan.
- If I feel any changes are needed to my Academic Accommodations Plan, I will meet with a DSPS counselor to discuss these needs.
- I will utilize DSPS/SSS services in a responsible manner. I understand I must adhere to DSPS/SSS written service provision, policies, and procedures.
- Note: Authorities cited: Title 5 C.C.R. Section 56000 et. seg.

( ) I have read the above information and agree.

## User Agreement

- Checking this box indicates that I understand and agree to the above Student Rights and Responsibilities, and I will abide by them. I give permission to DSPS/SSS personnel to discuss my disability-related needs with other professionals who have a legitimate educational need to know. I may print this document using the print capabilities of my browser. Failure to comply with these rights and responsibilities may result in suspension of services. I will have the opportunity to appeal the decision.
- If you have any questions or concerns, please contact the DSPS/SSS office.

( ) I understand and agree.

**Student Name (please print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_