

3. What are your educational goals? (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Prepare for a new career (new skills) | <input type="checkbox"/> Bachelor's degree after AA degree |
| <input type="checkbox"/> Advance current job/career(update skills) | <input type="checkbox"/> Bachelor's degree without AA degree |
| <input type="checkbox"/> Vocational degree without transfer | <input type="checkbox"/> Maintain certificate or license |
| <input type="checkbox"/> AA degree without transfer | <input type="checkbox"/> Improve basic skills |
| <input type="checkbox"/> Vocational certificate without transfer | <input type="checkbox"/> Undecided |

*4. Are you a registered consumer with the Department of Rehabilitation? yes no

Rehabilitation Counselor's Name _____ Phone _____

5. Are you receiving services from any other campus or community program related to a disability?

If so, please describe _____

6. Are you receiving Financial Aid? yes no

EMERGENCY INFORMATION

*1. List name of person to be notified in case of emergency:

Name _____

Relationship _____ Phone _____

Address _____ City _____ ZIP _____

2. List any medication that you are taking at the present time that should be recorded in case of emergency?

Name of Medication _____ Dosage _____

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Statement of Student Responsibility

Los Angeles City College provides course related educational services and access for eligible students with documented disabilities who intend to pursue coursework at LACC. Through appropriate and reasonable accommodations, students are provided the opportunity to participate fully in all aspects of LACC programs.

Completion of this form is required before services are provided by OSS.

Student Responsibilities:

1. I will provide OSS with information (medical, educational, psychological, etc.) deemed necessary by OSS to verify my disability (ies) including an appropriate professional's complete name, address, phone number and license number.
2. I will meet with an academic counselor to complete a Student Educational Plan and I agree to meet annually to update my Student Educational Plan.
3. I will make measurable progress towards the goals established in the Student Educational Plan and meet academic standards established by the college.
4. I will utilize the OSS services in a responsible manner and understand that OSS uses written service provision policies and procedures that must be adhered to for continuation of services or my services may be suspended.
5. I will comply with the Student Code of Conduct adopted by the Los Angeles Community College District.

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

Student Signature: _____ Date: _____

*****OFFICE USE ONLY*****

Application processed by: _____

- Summer/Fall Year: _____
- Winter/Spring

Disability and services:

- Not Eligible
- (1) Primary, full service
- (2) Primary, limited services
- (3) Secondary, full service

___ Mobility	___ Visual	___ Other	___ Hearing	___ Speech
___ L. D.	___ A. B. I.	___ D. D. L.	___ Psychological	___ Substance

Counselor/Specialist Signature: _____ Date: _____

Counselor/Specialist Signature: _____ Date: _____

Counselor/Specialist Signature: _____ Date: _____