

MERRITT COLLEGE

Application

Student Accessibility Services

R-109 – (510) 436-2429

Merritt College provides support services for students with verified disabilities through the Student Accessibility Services (SAS). Completion of this form constitutes an agreement to apply for SAS Services.

Last Name, First Name	Student ID Number	Date of Birth
Address	City	Zip Code
Phone: Alt. Phone:	Email	Emergency Contact

Major/Educational Goal: _____

- Transfer
 AA/AS Degree
 Certificate
 Basic Skills
 Career/Technical Education
 Other _____

Disability _____

How does your disability affect your school work? _____

Prior Accommodations and Services Received: Yes No

- Special Classes in High School
 Speech/Language
 IEP
 Other _____

Are you a client of:

- State Department of Rehabilitation _____
 Regional Center _____
 County Mental Health _____
 Veterans Administration _____

STUDENT RESPONSIBILITIES:

1. Provide SAS with recent written verification (Medical, Educational, etc.) of disability
2. Meet at least twice per semester with a SAS Counselor
3. Follow SAS Policies and Procedures
4. Comply with Student Conduct Standards found in the College Catalog.

My signature certifies the application information is true. I understand the four responsibilities to participate in the SAS program. I understand the Rights and Responsibilities are in the SAS Student Handbook.

Signature _____

Date _____

MERRITT COLLEGE DISABILITY VERIFICATION FORM

Counselor: _____

Please return to DSP via FAX 510-434-3888

Student Accessibility Services

12500 Campus Drive, Oakland, CA 94619

Phone: (510) 436-2429

THIS SECTION MUST BE COMPLETED BY THE STUDENT:

Name: _____ *SSN/ID#: _____

Address: _____

Birth Date: ____/____/____ TELEPHONE: (____) _____ email: _____

Mo/day/year

(area code)

In order to receive disability-related services a verification of disability must be provided. I request that the professional designated below complete this form.

Student Signature: _____ Date: _____

Name of Licensed or Certified Professional: _____

Address: _____

FAX #: _____ TELEPHONE #: _____

THIS SECTION MUST BE COMPLETED BY THE LICENSED OR CERTIFIED PROFESSIONAL:

Please provide the following information in full in order to help determine reasonable educational accommodations to support this student:

1. Diagnosis: _____
2. DSM IV Code and Severity (if applicable) _____
3. Please describe how this condition substantially limits major life activities: _____

4. Condition is: stable prone to exacerbation

5. Duration of Disability: Permanent/Chronic Temporary (date of re-evaluation or estimated duration of disability) _____

Educational, medical, and/or psychological documentation should be attached and returned to the address above.

I understand that the information provided by the verifying professional will become part of the student record and may be released to the student upon written request.

Verifying Professional Signature: _____ License #: _____ Date: _____

If the above information is completed by someone other than the professional who made the diagnosis, please provide the name and address of the person who made the diagnosis.

MERRITT COLLEGE

Student Accessibility Services (SAS)

YOUR RIGHTS AND RESPONSIBILITIES

Students with disabilities have the right to expect:

- Full and equal participation in the services and activities in Merritt Community College and SAS
- Reasonable accommodations, academic adjustments and/or auxiliary aids and services in response to documented disabilities.
- Confidential information about their disability will not be shared without their prior consent unless permitted by law and only on a “need-to-know” basis.
- Limited access to anecdotal information maintained by SAS.
- Information about SAS Policies, procedures, accommodations, and services will be readily available in alternate formats upon timely request.
- You have the right to appeal.

POLICY GUIDELINES FOR SERVICES, ACCOMMODATIONS, & ACADEMIC ADJUSTMENTS

As required by Title V of the California Education Code, the following policy has been adopted by the Student Accessibility Services program at Merritt College. Services are provided to enrolled students who apply, provide verification of disability and meet Merritt College admissions, matriculation and conduct requirements. Services, auxiliary aids and academic adjustments are designed to facilitate the success of students in reaching their individual educational/vocational goals.

A. STUDENTS’ RESPONSIBILITIES FOR SUPPORT SERVICES

1. Students will provide SAS with the necessary information, **documentation** and/or forms (medical, education, etc.) to **verify disability**.
2. Students must comply with the **Merritt College “Rules for Student Conduct”** at all times (see current college catalog.)
3. Students **must request support services from their SAS Counselor every semester**. Support services are based on the students’ schedule of classes, SAS Annual Contract, and documented disability.
4. Students are responsible for providing an **updated verification of disability**, if requested, by their SAS Counselor.
5. **Early registration** is encouraged to ensure availability of classes and to be able to request support services in advance. Every effort is made to provide needed services, however, due to limited resources, **late registrants will receive lower priority** and may not receive some support services.
6. Students must obtain the **books and supplies required for the courses** in which they are enrolled in order to qualify for support services.
7. Students are responsible for **notifying their SAS Counselor** when a **support services** provider resigns or fails to meet with the student.*

8. Students are expected to **notify their services providers** when they are unable to keep a meeting with them.

***If you experience any difficulties with any service provider or SAS Employee, such as, inappropriate, irresponsible or harassing behavior of any kind, report it immediately to your SAS Counselor or the SAS Coordinator.**

B. PROGRESS REQUIRED

Students are required to make measurable progress toward their chosen academic or vocational goal by enrolling in classes outlined in their Student Educational Plan. Progress is evidenced by obtaining a “C” or better grade (no “I”, “IP” or “W” grades) for the majority of courses each semester.

C. ACCOMODATION PROCEDURES

SAS Counselors approve academic accommodations and/or support services for students. Students provide a copy of the *Accommodation Notice* to the instructor. If an instructor who is given an *Accommodation Notice* refuses to provide or arrange to have provided, the necessary accommodations, students are advised to notify their SAS Counselor immediately for assistance in resolving the matter.

D. POLICY FOR SUSPENSION OF SERVICES

Failure to comply with the responsibilities as outlined above may result in **suspension of services**. Students will be informed in writing including appeal procedures.

E. REINSTATEMENT OF SERVICES

Criteria for reinstatement of services will be determined on an individual basis following a meeting with the SAS Counselor or SAS Coordinator, as appropriate, and a written copy of the criteria will be given to the student. Appeals may be directed to the SAS Coordinator. If needed, further appeal may be made to the Vice President of Student Services and then, if desired, to the Merritt College Grievance Committee.

F. STUDENT CONTRACT

I have read the policy, rights, and guidelines of this form and understand them. I agree to meet my responsibilities as outlined in these guidelines.

Student Signature

Date

SAS Counselor Signature

Date

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Check One)

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote. (Please fill out the attached voter registration form.)
- No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

Applicant Name _____

Date _____

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.