

Sierra College
Application for Learning Disabilities Services

NAME: _____		DATE: _____
Last	First	
STUDENT ID #: _____ -- _____ -- _____		
ADDRESS: _____	CITY: _____	ZIP: _____
DATE OF BIRTH: _____	AGE: _____	CELL PHONE: (_____) _____
Sierra College Email: _____	HOME PHONE: (_____) _____	
Other Email: _____		

- Who referred you to our program and **why**? _____
- Are you receiving services through Sierra College DSPS? _____ Who is your DSPS Counselor? _____
- Have you had prior testing for Learning Disabilities?
 Yes _____ No _____ **If yes, when (date)?** _____ **Where?** _____
- Have you ever received services for Special Education? **Yes** _____ **No** _____ **If yes, where?** _____
- Do you have an IEP or 504 Plan? **Yes** _____ **No** _____
- Have you ever been diagnosed as having Attention Deficit Disorder (ADD or ADHD)?
 Yes _____ No _____ **If yes, where** _____
- Do you have difficulties with attention, concentration or distractibility? Explain: _____

- Do you have any **medically diagnosed** illnesses or disabilities? **Please answer: Yes or No for each question.**
 Physical? _____ Hearing loss? _____ Do you wear hearing aids? _____
 Do you wear prescription glasses or contacts? _____ Do you have an eye disorder/damage? _____
 Have you ever had a head injury? _____ Seizures? _____ Strokes? _____
 Do you have Depression? _____ Anxiety disorders? _____ Other psychological disorders? _____
 Do you have a history of substance abuse (drugs and/or alcohol)? **If yes, How long have you been sober?** _____
 Can you provide current medical documentation of these conditions? _____
 If yes to any above, please explain: _____

For Office Use Only:	Orientation Date: _____
Approved By: _____ Date: _____	Letter/Email Sent: _____
Priority Status: _____	Letter/Email Sent: _____

Please continue on back.

(Cont. Application for Learning Disabilities Services)

What are your long term goals?

Transfer: _____ AA/AS: _____ Certificate: _____ Other: _____

• How many units are you currently enrolled in? _____ Total college units completed: _____ GPA: _____

• List current courses: **Semester** _____

_____	_____
_____	_____
_____	_____

• List highest level English and Math courses taken in College:

• Courses failed or repeated: _____

• Are you on Academic Probation? **Yes** ___ **No** ___ **If yes**, check as appropriate: Academic: ___ Progress ___

• Military: Active **Yes** ___ **No** ___ Veteran **Yes** ___ **No** ___

If yes, do you have disability rating documentation? _____

• Are you a client of the Department of Rehabilitation or Private Rehab? **Yes** ___ **No** ___

If Yes, Name of counselor: _____

If yes, did Rehab ever test for learning disabilities: **Yes** ___ **No** ___ **If yes**, when? _____

<p>For Office Use Only:</p> <p>Student not enrolled: _____ Student will follow up: _____ Student will take docs to DSPS: _____</p> <p>LD Specialist to follow up: _____ Date _____</p> <p>Comments/Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--