

**Annual Application for Services  
Student Accessibility Services (SAS)  
Laney College**

Academic Year: 2024-2025  
Confidential\* (See reverse side).

Date:	Name: Last, First	Student ID Number
Address: Number Street Apt.No.	Home Phone: ( )	Work Phone: ( )
City Zip Code	Cell Phone: ( )	
Birthdate:	Email:	
Disability(ies): If you are a client of CA State Department of Rehabilitation (DOR), please list location: DOR counselor's name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Not specified	Educational Goal: <input type="checkbox"/> Associate Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Transfer <input type="checkbox"/> Other	Major:

**SAS Program Purpose**

SAS offers a variety of services designed to facilitate the success of students with any verified disability in reaching their individual educational and/or vocational goals. By completing this form, the student is applying for SAS assistance.

**Student Responsibilities**

1. I will provide SAS with the information/documentation required to verify my disability(ies).
2. I will meet with a SAS counselor to complete a Student Educational Contract and update it as needed.
3. I understand that complying with SAS Police Guidelines for services is necessary for continuing services.
4. I will comply with Laney College's Student Code of Conduct as listed in the catalog.

*I have reviewed the student responsibilities above and the SAS Policy Guidelines for Services and agree to comply with them.*

<b>Student Signature X</b>	Date:
<b>SAS Counselor Signature X</b>	Date:

<b>FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE</b>																																															
<b>Semester:</b> <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring																																															
<b>Disability</b> Self-Reporting? <input type="checkbox"/> Yes <input type="checkbox"/> No Code:    1 = Primary,   2 = Secondary			<b>Special Programs</b> Department of Rehabilitation Check One: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring																																												
<table border="1"> <thead> <tr> <th>Disability</th> <th>Summer</th> <th>Fall</th> <th>Spring</th> </tr> </thead> <tbody> <tr><td>DHH (H)</td><td></td><td></td><td></td></tr> <tr><td>Autism Spectrum (U)</td><td></td><td></td><td></td></tr> <tr><td>Learning Disability (L)</td><td></td><td></td><td></td></tr> <tr><td>Blind and Low Vision (V)</td><td></td><td></td><td></td></tr> <tr><td>Acquired Brain Injury (B)</td><td></td><td></td><td></td></tr> <tr><td>Physical or Health Cond. (O)</td><td></td><td></td><td></td></tr> <tr><td>Mental Health (P)</td><td></td><td></td><td></td></tr> <tr><td>Intellectual Disability (D)</td><td></td><td></td><td></td></tr> <tr><td>Mobility (M)</td><td></td><td></td><td></td></tr> <tr><td>ADHD (A)</td><td></td><td></td><td></td></tr> </tbody> </table>	Disability	Summer	Fall	Spring	DHH (H)				Autism Spectrum (U)				Learning Disability (L)				Blind and Low Vision (V)				Acquired Brain Injury (B)				Physical or Health Cond. (O)				Mental Health (P)				Intellectual Disability (D)				Mobility (M)				ADHD (A)				<b>SAS Status</b> Code: 1=New, 2=Transfer, 3=Returning, 4=Continuing _____ Summer    _____ Fall    _____ Spring		
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# GUIDELINES FOR SERVICES, ACCOMMODATIONS, & ACADEMIC ADJUSTMENTS

## **A. STUDENT'S RESPONSIBILITIES FOR SUPPORT SERVICES**

- 1) Students must comply with the Laney College "Rules for Student Conduct" at all times (see college catalog).
- 2) Students must request support services from their SAS Counselor every semester. Support services are based on the student's schedule of classes and their "Student Education Plan (SEP)."
- 3) Students must obtain the books and supplies required for the courses in which they are enrolled in order to qualify for support services.
- 4) Students are encouraged to contact their SAS Counselor prior to dropping a class.
- 5) Students are responsible for notifying their SAS Counselor or support services coordinator, when a support services provider resigns or fails to meet with the student.\*
- 6) Students are expected to notify their service provider 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 develop a "Student Educational Plan" for their studies at Laney College. 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. ACCOMMODATION PROCEDURES**

SAS Counselors authorize academic adjustments and/or support services and classroom accommodations for students. Students provide a copy of the authorization ("Accommodations Letter") to instructors or other campus officials as needed. If an instructor or college official, who is given an Accommodation Letter, 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. STUDENT CONTRACT**

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SAS Counselor's Signature

\_\_\_\_\_  
Date

\*The Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DRC) Program. Personal information recorded on this form will be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20U.S.C.1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. §552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000et seq.