



Learning Assistance Program (LAP)

Application for Services

Last Name First Name MI H Student ID Number

Address

City State Zip Code Primary Phone

E-mail Address Cell Phone

Gender Date of Birth Work Phone

Can you be contacted at work? Yes No

Notify the Admissions and Records Office of changes to your address or primary phone number

1. Mark your disability(ies) below: (check all that apply)

- acquired/traumatic brain injury attention deficit disorder (ADD or ADHD)
Autism blind
Deaf hard of hearing
health condition intellectual disability/developmental disability
learning disability low vision
mental health disability physical disability
other disability, please describe below:

None of the above (please respond to question 2)

2. Are you applying for services because you believe you may have a learning disability that has not been identified?

Yes No

3. Who referred you to Learning Assistance Program?

I referred myself

For office use: Type: Caseload:

4. If your disability was diagnosed at another school or agency, please state:

Where? \_\_\_\_\_

When? \_\_\_\_\_

5. Are you a client of the California Department of Rehabilitation (DOR) or Veterans Affairs Rehabilitation?

DOR/VA Counselor's Name: \_\_\_\_\_

What is your DOR/VA plan for employment goal? \_\_\_\_\_

6. What services and accommodations would help you to succeed at Allan Hancock College?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am unsure of what services and accommodations I would benefit from.

7. Provide the most appropriate qualified professional(s) to provide verification of disability documentation to LAP.

**Name of qualified professional** (e.g. physician, psychiatrist, ophthalmologist, audiologist, etc.)

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Name of qualified professional** (e.g. physician, psychiatrist, ophthalmologist, audiologist, etc.)

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

8. Describe your strengths:

My school and academic strengths are: \_\_\_\_\_

My work related strengths are: \_\_\_\_\_

My personal strengths are: \_\_\_\_\_

9. I am: (check all that apply)

- currently enrolled at Allan Hancock College
- a new student (my first semester at AHC)
- a returning student who previously received LAP services
- planning to enroll:
  - Summer 201\_\_
  - Fall 201\_\_
  - Spring 201\_\_

10. My college goals are: (check all that apply)

- Associate Degree (AA or AS)
- Associate Degree for Transfer (AA-T or AS-T)
- Bachelor Degree (BA or BS) or higher
- Certificate
- Basic skills
- Personal studies

My major is: \_\_\_\_\_  undecided

My career/job goal is: \_\_\_\_\_  undecided

I plan to transfer to: \_\_\_\_\_  undecided

11. Have you attended any other colleges, universities or technical trade schools?  Yes  No

If yes, where? \_\_\_\_\_

12. List all of your current courses and how much time you spend each week (including Saturdays and Sundays) preparing for each class.

CLASS	WEEKLY STUDY TIME

13. In what academic areas have you or are you experiencing difficulties? (check all that apply)

- Reading
- Comprehending concepts
- Math
- Taking tests
- Organization of written work
- Time management
- Motivation
- Spelling
- Retaining information
- Completing assignments on time
- Reading rate
- Study Skills
- Self-confidence in school

14. Have you discussed your difficulties with any of your instructors?  Yes  No

15. Describe any other difficulties or concerns you are experiencing in your current courses.

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16. Describe any current personal and/or family issues that you feel are impacting your education.

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17. I receive campus services from the following: (check all that apply)

- CalWORKs
- Career and Job Placement Center
- College Achievement Now (CAN)
- Cooperative Agencies Resources for Education (CARE)
- Cooperative Agencies Resources for Education For You (CARE-FY)
- Counseling
- Extended Opportunity Programs and Services (EOPS)
- Financial Aid/Veterans
- Math Center (Math Lab)
- Mathematics, Engineering and Science Achievement (MESA)
- Science, Technology, Engineering, and Math (STEM)
- Student Health Center
- Tutorial Center
- University Transfer Center (UTC)
- Veteran Success Center
- Writing Center
- Other: \_\_\_\_\_

## EMPLOYMENT STATUS

18. Will you be working while attending college?  Yes  No

If yes, describe your current employment:

Where do you work? \_\_\_\_\_

What are your job duties? \_\_\_\_\_

How long have you had this job? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

Have you discussed your college schedule with your employer? \_\_\_\_\_

19. Describe any previous jobs you have held, including how long you worked at each job and what your duties were:

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## EDUCATIONAL BACKGROUND

20. I earned the following:

- High School Diploma
- Adult School Diploma
- GED
- High School Certificate of Completion
- High School Diploma from the country of: \_\_\_\_\_
- Other: \_\_\_\_\_

From what school or institution? \_\_\_\_\_ Year earned: \_\_\_\_\_

21. Did you drop out of school between kindergarten and 12<sup>th</sup> grade?  Yes  No

If yes, what is the highest grade you completed? \_\_\_\_\_

What were the reasons you decided to drop out of school? \_\_\_\_\_

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22. In high school, the classes I was enrolled in were: (check all that apply)

- Regular (mainstream)
- Special day
- Gifted or Advanced Placement
- Remedial
- Resource program
- Speech and language services
- Other: \_\_\_\_\_

23. If you experienced difficulties or problems with learning between kindergarten and 12<sup>th</sup> grade, what do you think contributed? (check all that apply)

- Specific learning disability
- Lack of interest in school
- Poor attendance
- Substance Abuse
- Other: \_\_\_\_\_
- Tasks too difficult
- Limited ability
- Economic disadvantage
- Home environment
- Emotional problems
- Bad luck

24. If you experienced difficulties or problems with learning, at what grade level do you remember them beginning? \_\_\_\_\_

25. Did you attend more than two elementary schools?  Yes  No

If yes, how many and why? \_\_\_\_\_

26. Did you attend more than three schools in grades 7<sup>th</sup> – 12<sup>th</sup>?  Yes  No

If yes, how many and why? \_\_\_\_\_

27. Were you ever retained in school? Held back/repeated a grade level?  Yes  No

If yes, what grade level and why? \_\_\_\_\_

28. Were you tested for special education between kindergarten and 12<sup>th</sup> grade?  Yes  No

If yes, please explain why and what were the results? \_\_\_\_\_

29. Does anyone in your family have a learning disability or learning problems?  Yes  No

If yes, describe \_\_\_\_\_

30. Does anyone in your family have any other type of disabilities?  Yes  No  
If yes, describe \_\_\_\_\_

31. Were there any medical or developmental problems before, during, or after your birth?  Yes  No  
If yes, describe \_\_\_\_\_

32. To the best of your knowledge, was there anything unusual about your early development such as delayed speech, late crawling or walking, difficulty using scissors, printing or writing?  Yes  No  
If yes, describe \_\_\_\_\_

33. Is English your first language?  Yes  No

If no, please respond to the following additional questions:

What is your first language? \_\_\_\_\_

What language(s) do you speak at home? \_\_\_\_\_

Describe any difficulties you experienced learning your first language: \_\_\_\_\_

At what age did you begin to learn English? \_\_\_\_\_

In what grade level did you first enter school in the United States? \_\_\_\_\_

Have you completed any English as a Second Language (ESL) courses? \_\_\_\_\_

Describe any difficulties you had learning English: \_\_\_\_\_

34. List any languages other than English that you are proficient in: \_\_\_\_\_

# HEALTH HISTORY

35. Review the following and check all that apply to you:

- I have difficulty with handwriting or keyboarding
- I have problems walking distances or climbing stairs
- It is difficult for me to sit or stand for long periods of time
- I regularly use a wheelchair or scooter
- I have chronic pain and it affects my concentration
- I have had a head injury
- I have had a stroke
- I have a seizure disorder
- It takes me a long time to process and act on new information
- I have difficulty with short term memory
- I have trouble using regular printed materials or reading from a computer screen
- I am hard of hearing
- I am deaf and use sign language interpreters and/or transcribers
- I am legally blind and use recorded materials and/or Braille
- I am low vision and use large print materials and/or magnification
- I have difficulty adjusting to new situations
- I frequently experience feelings of anxiety
- I find it difficult to pay attention
- I find attending class regularly and on time to be a challenge
- Communicating with my instructors is hard for me

36. Have you had any accidents or illnesses that impact your education today?

If yes, please describe.

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37. Have you even been evaluated for Attention Deficit Disorder (ADD/ADHD)?  Yes  No

If yes, when and by whom? \_\_\_\_\_

What were the results of the evaluation? \_\_\_\_\_



38. Have you ever been evaluated for a mental health condition, such as depression, bipolar disorder, post-traumatic stress, etc.?  Yes  No

If yes, when and by whom? \_\_\_\_\_

What were the results of the evaluation? \_\_\_\_\_

Have you ever been hospitalized for mental health treatment?  Yes  No

39. Are you taking any medications at the present time?  Yes  No

If yes, please identify your medications below:

Name of Medication	For What Condition	Describe Any Side Effects

40. Have you had a vision screening within the last two years?  Yes  No

41. Have you had a hearing evaluation within the last five years?  Yes  No

42. Please list any assistive technology you use. Such as voice recognition software, screen readers, magnification technology, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. Is there anything else you would like us to know?

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Learning Assistance Program

### Student Rights

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According to the California Code of Regulations for community colleges (Title V), the Rehabilitation Act of 1973 (section 504), and The Americans with Disabilities Act of 1990, you have certain rights.

- As a qualified student with a disability, you have the right to receive necessary academic accommodations based upon your educational limitations in order to have access to activities, programs, and services. The college faculty and staff shall not automatically reject an accommodation unless the identified accommodation has been determined to lower academic standards or fundamentally alter the course or program in question, or if a more effective or feasible accommodation exists.
- Your participation in Learning Assistance Program (LAP) shall be entirely voluntary.
- Receiving LAP support services and accommodations or LAP instruction shall not preclude you from participating in any other course, program or activity offered by the college.
- All records maintained by LAP personnel pertaining to your disability shall be protected from disclosure and shall be subject to the Family Educational Rights and Privacy Act (FERPA) requirements for the handling of student records. However, your consent to release information is not required as long as the disclosure is to other school officials (including instructors) within the college whom Allan Hancock College has determined to have legitimate educational interests. Portions of the information you present to LAP may be shared with the Chancellor's Office of the California Community Colleges or other state and federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including FERPA. According to Section 7 of the Federal Privacy Act, providing your social security number is voluntary.
- You shall not be excluded from the participation in, be denied benefits of, or be subjected to discrimination under any program or activity in a public entity. In essence, you shall not be discriminated against on the basis of a disability.

If you wish to file a complaint or grievance regarding discrimination on the basis of a disability, you should follow the discrimination complaint procedure outlined in the college catalog. You may also contact the US Department of Education Office for Civil Rights (OCR).

*I have reviewed this page of LAP student rights.*

\_\_\_\_\_  
*Student Initials*

\_\_\_\_\_  
*Date*



Learning Assistance Program

**Student Responsibilities**

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As a student receiving LAP services have the following responsibilities:

- Request services/accommodations
- Provide LAP with the documentation deemed necessary to verify your disability(ies)
- Meet with an LAP specialist to complete an Academic Accommodation Plan (AAP)
  - An AAP is a plan to address your specific needs as a student with a disability. The AAP specifies the support services and accommodations that are identified and agreed upon by you and an LAP specialist as necessary and reasonable to meet your specific educational needs.
- Demonstrate measurable progress as determined by the college policy on academic and progress performance. This policy is available in the college catalog.
- Notify LAP in advance of any absences from class or appointment *if* you are receiving interpreting, transcribing, or other LAP provided assistance/service in class.
- Return any equipment on loan from LAP at the end of each semester (if borrowed equipment is not returned, you will be held responsible for the replacement costs).
- Utilize the LAP in a responsible manner and maintain behavior appropriate in an educational setting; and
- Abide by the Standards of Student Conduct (AHC Board Policy 5500) and Academic Honesty Policy. Both policies are available for review in the college catalog.

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

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**Student Signature**

**Date**