

**Ventura College Educational Assistance Center**  
**Application For Services**

805-289-6300    vceac@vccd.edu

Ventura College provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at Ventura College. A variety of programs and services are available which afford eligible students with disabilities the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations. Signature below constitutes an agreement to apply for programs and services through the Educational Assistance Center (EAC) and to abide by the rights and responsibilities.

Date: _____ Name _____	
ID#: _____ - _____ - _____	Address: _____
DOB _____ / _____ / _____	City/State: _____ Zip: _____
Contact Phone (    ) _____	Other Phone: (    ) _____
email: _____	
Emergency Contact: _____ Phone (____) _____	

1. What are your educational goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What difficulties are you having with your classes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. The State Chancellor's office mandates that we ask about voter registration.  
Are you registered to vote?    \_\_\_\_ Yes    \_\_\_\_ No  
If no, would you like a voter registration form?    \_\_\_\_ Yes    \_\_\_\_ No
4. Would you require assistance with evacuation in the event of an emergency?  
\_\_\_\_ Yes    \_\_\_\_ No    If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

<b>For EAC Counselor Only</b>	
P=Primary Disability	Student Status
S= Secondary Disability	____ New(to EAC)
____ Mobility    ____ Visual    ____ DHH	____ Continuing
____ I.D.    ____ A.B.I.    ____ L.D.	____ Returning
____ M.H.    ____ Autism    ____ ADHD    ____ Other	____ New (to college)
Department of Rehabilitation Client	<input type="checkbox"/> yes <input type="checkbox"/> no    DR Counselor _____

Student Rights include:

- ❖ Participation in EAC is voluntary
- ❖ Equal access to all courses, programs and activities at VC is guaranteed
- ❖ All records maintained by EAC regarding disability are protected from disclosure

Students Responsibilities include:

- ❖ To Provide verified disability information to EAC
- ❖ To Meet with EAC counselor once a year to update AAP (Academic Accommodation Plan)
- ❖ To be responsible in the use of services
- ❖ To return any loaned equipment at the end of the semester (student responsible for damages)
- ❖ To pay college fees. Outstanding debts may prevent future registration
- ❖ To maintain appropriate behavior by abiding by the VC Student Conduct Code
- ❖ To demonstrate measurable progress in classes

**POLICY FOR SUSPENSION OR TERMINATION OF EAC SERVICES**

If the EAC student fails to meet one or more of the following requirements:

- 1) be responsible in their use of EAC services and adhere to written service provision policies adopted by EAC, or
- 2) make measurable progress toward the goals established in the AAP, or
- 3) meet academic standards established by the college.

An EAC staff member will notify the student by phone and in writing of the intent to suspend or terminate services. Within a week of receipt of notification the student must meet with the EAC staff member. At the appointment the student will receive a written warning including an explanation of the specific requirement the student has failed to meet.

After the warning, if the student continues to fail to meet one or more of the three requirements, the student will be informed in writing that EAC services have been suspended or terminated.

If you wish to appeal this decision, you must see the EAC Coordinator and follow the Student Grievance Procedures in the Ventura College Catalog.

I acknowledge and understand the rights and responsibilities and agree to abide by them. Failure to do so may result in discontinuation of services. I further give permission for EAC staff to share my educational requirements with college personnel who have a legitimate educational need to know. This authorization shall remain in effect during my enrollment at Ventura College or until revoked by me in writing and signed by the EAC Coordinator. I understand that this document will be placed in my EAC file.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
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 Educational Assistance Center (EAC). Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may 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 (20 U.S.C. 1232 (g)). Pursuant to Section 7 of the Federal Privacy ACT (Public Law 93-579; 5 U.S.C. SS 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 et seq.