

What is the History of the ACCESS Resource Center?

The ACCESS office (formerly DSPS) at Victor Valley College was created in 1978 to meet the academic and support needs of students with disabilities. In 1973 the United States Congress passed the Rehabilitation Act. Section 504 of the act addressed the non-discrimination of persons with disabilities. Now, institutions receiving federal funding must ensure that discrimination does not take place. Subsequent state and federal laws and regulations (Title V (CA), the ADA of 1990, & ADA Amendments Act of 2008) resulted in increased access for students with disabilities.

What is the Goal of the ACCESS Resource Center?

The ACCESS Center office promotes equal access for students with disabilities in the college setting. Accessibility is accomplished through support services and academic accommodations based on the individual's educational functional limitations of their documented disability.



Eligibility requirements

To be eligible for the program, you must have a disability verified by a physician, psychologist, or other appropriate professional.

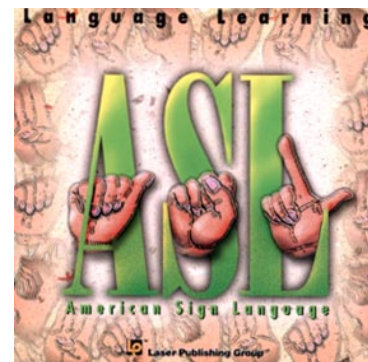
If you have a learning disability, you should bring copies of your psychological evaluation test scores. However, if you believe you have a learning disability, **but have not been tested**, we may administer the tests at our facility for community college eligibility purposes only on a limited basis.

We serve students with many types of disabilities. *Some examples include: Students with brain injuries, physical disabilities, intellectual/developmental disabilities, or Deaf.* Please let us know how we can help you to be successful at Victor Valley College!

What are some of the services available through the ACCESS Resource Center?

Examples of services available through ACCESS Center include:

- Test-taking facilitation
- Assessment for learning disabilities
- Specialized counseling
- Interpreter services for hearing-impaired or deaf students
- Mobility assistance
- Notes
- Reader services
- Alternate media services
- Access to adaptive technology
- Registration assistance



How to apply to the program?

1. Complete a Victor Valley College admissions application online at: www.vvc.edu
2. Obtain written documentation from a licensed professional who would understand your disability.
3. Bring the above documentation into the ACCESS office, and fill out an ACCESS application to begin the application process.
4. The ACCESS office will schedule you an eligibility appointment once your application has been reviewed for appropriate documentation.

Remember: If you are experiencing a learning problem, but do not have documentation, please speak to the front office staff.

Current documentation is required for various disabilities.

Examples include:

Deaf or Hard of Hearing - Audiogram
Learning Disability – Psych-Educational Evaluation, including test scores (raw scores)

Physical Disability – Medical documentation from Physician

Psychological Disability – Psychologist, Counselor, or Therapist Documentation

Visual Disability – Optometrist Report

The ACCESS office is located in Student Services II, Bldg. 50.

Office Hours:
Monday – Thursday
8:30 am – 5:00 pm
Friday
8:30 am – 12:00 pm

If you are a student with a disability, who requires assistance in the college environment, please contact the ACCESS Resource Center. Our counselors and staff will assist you in making the transition into VVC's educational setting as smooth as possible. We are here to answer your questions and assist you in reaching your educational and career goals.

NOTICE OF NON-DISCRIMINATION:

Victor Valley College does not discriminate on the basis of race, color, national origin, religion, marital status, gender, sexual orientation, age or disability in admission or access to, treatment or employment in its educational programs or activities. Inquiries may be referred to the Vice President of Human Resources, Victor Valley College, 18422 Bear Valley Road, Victorville, CA 92395, Telephone (760) 245-4271.

This brochure can be made available in an alternate format upon request.

ACCESS RESOURCE CENTER



Contact Us:

**Office: (760) 245-4271
Ext. 2212**

Fax: (760) 243-6455



VICTOR VALLEY COLLEGE ACCESS Resource Center

New Applicant Documentation Guidelines

1. Complete student information on:

- ACCESS APPLICATION
- RELEASE FORM
- RIGHTS & RESPONSIBILITIES
- ALTERNATIVE TESTING ACCOMMODATION FORM

2. If you are coming from high school (K-12) and have a history of RSP/SDC classes or have an IEP, please contact your school district office for your most current Psychological Education Evaluation Report (this includes raw test scores) or your IEP.

OR

Have a licensed medical professional fill-out the [DISABILITY VERIFICATION FORM](#) (included in this packet).

We may need additional documentation if you have the following limitations:

Deaf/Hearing Loss:

Please include an audiogram/audiological report

Visual Disability:

Visual Acuity Numbers

When this documentation is completed and returned, ACCESS Staff will schedule your pending eligibility appointment with a ACCESS Counselor. Thank you for your interest in our Program.



VICTOR VALLEY COLLEGE - ACCESS

Application Form

Please print clearly

Student Name: (Last) _____ (First) _____

Student ID#: _____ Birth date: ____ / ____ / ____ Contact Phone #: _____

Email: _____ Other Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Other Names Used (if any): _____

Emergency Contact:

Name/Relationship: _____ Contact #: _____

Are you still attending high school? (circle one) YES or NO

Briefly explain why you are applying to ACCESS. What services are you looking for:

This application does not guarantee participation in this program. In order to receive services, you must be a VVC student with an ID number and be determined eligible by an appropriate ACCESS staff member. Eligibility is determined based on documentation information related to a disability that affects you academically. It is your responsibility to provide disability documentation from an appropriate professional (see attached forms). We can not accept your application without appropriate documentation. If you have no documentation, please speak with a staff member or counselor.

Student Signature: _____ Date: _____



VICTOR VALLEY COLLEGE ACCESS Resource Center DISABILITY VERIFICATION FORM

The student named below may be eligible for services at Victor Valley College. In order to provide services we must have verification of disability.

Students: Return completed form with the application packet to:

ACCESS Resource Center
Victor Valley College
18422 Bear Valley Rd Victorville, CA 92395

Student Name: _____ **Student ID#:** _____
Last First M.I.

Address: _____ **Phone #:** _____
Street

_____ **Date of Birth:** _____
City State Zip

Please provide the following information in full in order to help determine reasonable educational accommodations to support this student. (Medical Professional to complete)

1. PRIMARY DIAGNOSIS: _____ ICD 10 Code: _____ DSM V Code: _____

- Which major life activities are limited by this condition?
 Vision Hearing Mobility Memory Concentration Other: _____
Please describe: _____

- If applicable, how do side effects of prescribed medications substantially limit major life activities:

- Condition is: Stable Prone to exacerbations
- Duration of Disability: Permanent/Chronic Temporary – (Give estimated date of recovery): _____
- Specify current severity: Mild Moderate Severe Profound

2. SECONDARY DIAGNOSIS: _____ ICD 10 Code: _____ DSM V Code: _____

- Which major life activities are limited by this condition?
 Vision Hearing Mobility Memory Concentration Other: _____
Please describe: _____

- If applicable, how do side effects of prescribed medications substantially limit major life activities:

- Condition is: Stable Prone to exacerbations
- Duration of Disability: Permanent/Chronic Temporary – (Give estimated date of recovery): _____
- Specify current severity: Mild Moderate Severe Profound

I understand that the information provided with this form will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student upon their written request.

(Medical Professional to complete)

Signature: _____ Title & Lic. #: _____ Date: _____
(Certifying Professional)

Name (please print): _____ Phone #: _____

Address: _____
Street City State Zip

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: _____



**VICTOR VALLEY COLLEGE
ACCESS Resource Center**

18422 Bear Valley Road Victorville, CA 92392 – BLDG 50

All records maintained by ACCESS personnel pertaining to my disabilities shall be protected from disclosure and shall be subjected to all other federal and state requirements for handling student records.

Authorities cited: Title V, C.C.R. Section 5600 et seq., CA Education Code Sections 66701, 67310-67312, 70901, 84850

PERMISSION TO GIVE OUT INFORMATION

- Therefore, I give permission to the ACCESS department to **discuss, release and receive** information regarding my student file to the following:

Name: _____

Address: _____

Name: _____

Address: _____

****By signing this, students authorize ACCESS to receive information or documentation regarding their disabilities****

Student (Print): _____ **Student ID#:** _____

Student signature: _____ **Date:** _____

Staff initials: _____



ACCESS Student Rights & Responsibilities

Title V (56022 A-D) PL 98-524

Victor Valley College ACCESS – 18422 Bear Valley Road,
Victorville, CA 92395
(760) 245-4271

Student Name: _____

I.D.#: _____

Victor Valley Community College provides educational services and access for students with documented disabilities who intend to pursue coursework at Victor Valley Community College. A variety of programs and services are available which enable students with disabilities the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations.

RIGHTS

Please initial next to each item

- My participations in ACCESS shall be voluntary. _____
- Receiving support services or instruction through ACCESS shall not preclude me from also participating in any other course, program, or activity offered by the college or from receiving basic accommodations required by State and Federal law. _____
- All records maintained by ACCESS pertaining to my disability shall be protected from disclosure and shall be subjected to all other State and Federal requirements for handling student records. _____

RESPONSIBILITIES

Please initial next to each item

- I will inform ACCESS of any changes to my name, mailing address, contact number, qualifying condition. _____
- I will use the authorized services of ACCESS in a responsible manner. I understand that ACCESS uses written service provision policies and procedures; I will adhere to the policies and procedures for continuation of services. _____
- I will comply with all student conduct codes, program and District policies and procedures at Victor Valley College. _____
- For continued eligibility in the ACCESS program I must have a qualifying disability and show measurable progress towards my academic goals. _____
- Responsible use of ACCESS services includes being present, and on time, for classes/labs and any other academic arrangements in which an accommodation is provided by an ACCESS staff member. Staff members are directed to only provide an accommodation when the student is present, and to return to the ACCESS office after a 20 minute waiting period/no-show. _____

Upon eligibility and acceptance to the program, I understand and agree to the above Student Rights and Responsibilities and I will abide by them. If I do not comply with these Rights and Responsibilities, I will be notified in writing of my impending suspension of services. I will have the opportunity to appeal the decision.

Student Signature _____

Date: _____

Alternative Testing Accommodation

Rules and Procedures

Upon eligibility to the ACCESS program, I agree to and will abide by the following:

1. Alternative testing accommodations and amendments must be approved by an ACCESS counselor and be documented on my AAP Passport.
2. Alternative Testing Forms for exams may be obtained every semester at any time after being determined eligible for this accommodation.
3. Alternative Testing Forms must be filled out completely by my instructor and returned as soon as possible prior to exam to allow for scheduling. (Failure to return a completed an Alternative Testing Form may result in receiving less than optimal testing conditions).
4. **I must schedule my general class exams a minimum of 1 week in advance and my midterm or final exams a minimum of 2 weeks in advance.**
5. I must use this accommodation responsibly. I must cancel unneeded reservations for testing. Three “no shows” will result in a suspension of this accommodation until attending an appointment with either an ACCESS counselor or the program director.
6. I must abide by the Student Code of Conduct. The security and integrity of each exam is a fundamental priority. Cheating will not be tolerated. All testing will be securely monitored. Evidence of cheating will result in the immediate suspension of the current test, notification of the instructor, and termination of any future alternative testing accommodation until a determination is made by the director or acting administrative authority.
7. No cellphones or other non-essential personal belongings will be permitted in the testing environment. Cellphones must be completely powered off. Only clear water bottles are permissible.
8. Use the restroom before testing. Once you’ve received your exam, restroom trips will not be permitted. Emergency needs may be granted on a case-by-case basis; however, unreasonable lengths of absence will be perceived as cheating.

By signing below, I acknowledge that I understand and will abide these policies and the consequences therein.

Print Name _____ **Student ID:** _____

Student Signature _____ **Date:** _____