



Richard Bland College
of WILLIAM & MARY

DISABILITY SUPPORT SERVICES APPLICATION

DIRECTIONS AND DISCLOSURES: Please answer the questions on this form to the best of your ability. Your answers are valuable and they help us understand how best to assist and accommodate you. Your information will be treated confidentially and maintained securely in our office. We will release information about you only with your written permission to do so.

GENERAL INFORMATION		
First Name:	Last Name:	Date:
Address:		Apt. #
City:	State:	Zip:
Telephone (Home):	(Other):	[Please Circle] Work or Cell
Student ID#:	Birthdate: ____/____/____	
Email:	Referred By:	

FAMILY INFORMATION			
List the names, ages, and occupations of your family members:			
Names	Relationship	Age	Occupation
<p align="center">How would you rank your family support? (Circle One)</p> <p align="center">Excellent Good Fair Poor</p>			

DISABILITY BACKGROUND
What is your diagnosed disability?
When was the diagnosis made?
Describe your disability and how it affects your academic performance.

Think about the following accommodations; check those accommodations that apply to you:
(You may check more than one box on each line.)

Accommodation	Have Used	Might Help	Does Not Help	Do Not Need
Notetaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Recorder in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Time on Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tests In a Quiet Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio Textbooks/Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Voice Output (Kurzweil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice recognition (i.e. Dragon, Kurzweil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapted Keyboard/Mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Franklin Speller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoomtext	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What accommodations are you requesting?				

GENERAL HEALTH BACKGROUND

List any medication you are currently taking and their side effects (if any):

Describe any long-term medical problems you have:

Describe any hospitalizations you have had in the last five years:

Describe any serious illnesses you have had:

Describe any serious injuries you have had:

Check the tasks that you *can do* and those in which you have difficulty

<u>Tasks</u>	<u>I Can Do</u>	<u>I Have Difficulty</u>
Paying Attention In Class	<input type="checkbox"/>	<input type="checkbox"/>
Completing Assignments	<input type="checkbox"/>	<input type="checkbox"/>
Participating in Class	<input type="checkbox"/>	<input type="checkbox"/>
Participating in Small Groups	<input type="checkbox"/>	<input type="checkbox"/>
Taking Notes	<input type="checkbox"/>	<input type="checkbox"/>
Memorizing	<input type="checkbox"/>	<input type="checkbox"/>
Managing Time	<input type="checkbox"/>	<input type="checkbox"/>
Keeping up with Assignments	<input type="checkbox"/>	<input type="checkbox"/>
Reading at a Good Rate	<input type="checkbox"/>	<input type="checkbox"/>
Understanding What I Read	<input type="checkbox"/>	<input type="checkbox"/>
Doing Math Calculations	<input type="checkbox"/>	<input type="checkbox"/>
Doing Math Word Problems	<input type="checkbox"/>	<input type="checkbox"/>
Following Directions	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>
Finishing Tests on Time	<input type="checkbox"/>	<input type="checkbox"/>
Putting Thoughts into Writing	<input type="checkbox"/>	<input type="checkbox"/>
Proofreading	<input type="checkbox"/>	<input type="checkbox"/>
Being Motivated	<input type="checkbox"/>	<input type="checkbox"/>
Asking for Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Advocating for Myself	<input type="checkbox"/>	<input type="checkbox"/>

SUPPORT SERVICES

Have you ever received help from any outside agency (such as Department of Rehabilitation – DORS) for academic, career or personal counseling or support? Yes No

Name of Agency: _____ When? _____

Reason? _____

Are you in counseling or therapy now? Yes No

Name of therapist: _____ Phone number: _____

Have you ever been in counseling or therapy? Yes No When? _____

Reason? _____

ADDITIONAL INFORMATION

What are your interests, talents, strengths, hobbies? _____

Is English your first language? Yes No What is your primary language? _____

Are you currently working? Yes No Where? _____ How many hours per week? _____

What kind of work do you do? _____

What other jobs have you held? (Where? How long?) _____

Where do you see yourself doing in five years? _____

Please describe your goals for Richard Bland College: _____