

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.

	<u>GENERA</u>	<u>AL IN</u>	<u>FORMATION</u>				
First Name:	Last N		Name:			Date:	
Address:				Apt. #			
City: State:				Zip:			
Telephone (Home):			(Other):	[Please Circle] Work or Cell			
Student ID#:			Birthdate:/				
Email:		Referred By:					
			<u>FORMATION</u>				
			oations of your fa		rs:		
Names	Relatio		nship	Age		Occupation	
How would you rank your family support? (Circle One)							
		-		`			
<u>E</u>	xcellent	Good	d Fair Po	<u>oor</u>			
	DICADII	TTX7 D	ACIZODOLINO				
What is your diagnosed disability?	DISABIL	HYB	ACKGROUND)			
what is your diagnosed disability:							
When was the diagnosis made?							
Describe your disability and how it affe	ects vour ac	ademi	c performance.				
	,		F				

	Have	Might	Does	Do Not
Accommodation	Used	Help	Not Help	Need
Notetaker	[]	[]		[]
Reader	[]	[]	[]	[]
Scribe		[]	[]	[]
Digital Recorder in Class		[]	[]	[]
Extended Time on Tests	[]	[]		[]
Гests In a Quiet Place	[]	[]		[]
Audio Textbooks/Materials	[]	[]	[]	
Computer	[]	[]	[]	
Computer Voice Output (Kurzweil)		[]	[]	[]
Voice recognition (i.e. Dragon, Kurzweil)		[]	[]	[]
Adapted Keyboard/Mouse	[]	[]	[]	
Franklin Speller	[]	[]	[]	
Calculator	[]	[]	[]	
Braille	[]	[]	[]	
Zoomtext	П	П	П	П

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:

EDUCATIONAL BACKGROU	JND						
Are you currently enrolled in school	ol? Yes	No	Wh	ere?			
Have you graduated from high scho	ool? Yes N	No	When?		Sch	nool:	
Were you ever in special or resource	ce room prog	rams/class	ses? Yes	No		When?	
Have you ever received tutoring?		What su	bjects?			When?	
What were your easiest subjects?				Hardest?			
List any honors and/or special acco	mplishments	s:					
Have you completed a research paper	per? Yes	No	Но	w many pages?	?		
On what topic?							
What is the most recent English co	urse you hav	e taken?				What year?	
What is the most recent Math cours	se you have t	aken?				What year?	
Do you like to read? Yes	What do yo	ou read? M	[agazines	? New	spap	er?Books?	-
Have you been taught how to study	? Yes N	o Hov	w much ti	me do you usu	ally s	study per day?	
Describe how to study for a test:							
Would you describe yourself as a s	erious studer	nt while in	high scho	ool?			
Are you currently or have you ever	been a stude	ent at Rich	ard Blanc	College? Ye	es	No	
Have you attended another college	or university	? Yes	No	When?			
Where?			Degree o	r credit hours a	achie	ved:	
Major?							
How would you rank your study ha	bits? (Circle	One)			_		-
1 2 Very Poor	3	4	5)K	6 7	8	9 10 Excellent	

Tasks	and those in which you I Can Do	I Have Difficulty
Paying Attention In Class	[]	[]
Completing Assignments		
Participating in Class		
Participating in Small Groups		
Taking Notes	[]	
Memorizing	[]	
Managing Time	[]	
Keeping up with Assignments		
Reading at a Good Rate	[]	
Understanding What I Read	[]	
Doing Math Calculations	[]	
Doing Math Word Problems	[]	
Following Directions		[]
Spelling	1[]	[]
Finishing Tests on Time		[]
Putting Thoughts into Writing	1[]	[]
Proofreading	1[]	[]
Being Motivated	[]	
Asking for Assistance	[]	
Advocating for Myself	[]	
	SUPPORT SE	ERVICES
academic, career or personal couns Name of Agency: Reason?	seling or support? Yes	as Department of Rehabilitation – DORS) for No When?
Are you in counseling or therapy n	now? Yes No	1 = .
Name of therapist:	Phone number:	
Have you ever been in counseling	When?	
Reason?		
ADDITIONAL INFORMATIO	ON	
What are your interests, talents, str	rengths, hobbies?	
	es No What is	s your primary language?
Is English your first language? Ye		
	No Where?	How many hours per week?
Are you currently working? Yes	·	How many hours per week?
Are you currently working? Yes What kind of work do you do?	No Where?	How many hours per week?
Are you currently working? Yes What kind of work do you do? What other jobs have you held? (Where do you see yourself doing in	No Where? Where? How long?)	How many hours per week?