



## **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.

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

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

<b><u>DISABILITY BACKGROUND</u></b>
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:

EDUCATIONAL BACKGROUND			
Are you currently enrolled in school? Yes No		Where?	
Have you graduated from high school? Yes No		When?	School:
Were you ever in special or resource room programs/classes? Yes No			When?
Have you ever received tutoring?	What subjects?		When?
What were your easiest subjects?		Hardest?	
List any honors and/or special accomplishments:			
Have you completed a research paper? Yes No		How many pages?	
On what topic?			
What is the most recent English course you have taken?			What year?
What is the most recent Math course you have taken?			What year?
Do you like to read? Yes No	What do you read? Magazines? _____ Newspaper?_____ Books?_____		
Have you been taught how to study? Yes No		How much time do you usually study per day?	
Describe how to study for a test:			
Would you describe yourself as a serious student while in high school?			
Are you currently or have you ever been a student at Richard Bland College? Yes No			
Have you attended another college or university? Yes No		When?	
Where?		Degree or credit hours achieved:	
Major?			
How would you rank your study habits? (Circle One)			
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <span>1 Very Poor</span> <span>2</span> <span>3</span> <span>4</span> <span>5 OK</span> <span>6</span> <span>7</span> <span>8</span> <span>9</span> <span>10 Excellent</span> </div>			

Check the tasks that you <i>can do</i> and those in which you have difficulty		
Tasks	I Can Do	I Have Difficulty
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"/>
<b>SUPPORT SERVICES</b>		
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?		
<b>ADDITIONAL INFORMATION</b>		
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:		