

FILL OUT BOTH SIDES

Disability Services

Last Name: _____

First Name: _____ MI: _____

Social Security #: ____ / ____ / _____

Date of Birth: ____ / ____ / 19____

Gender: female male

Local Address: _____

City: _____

State: _____

Zip: _____

Phone: (_____) _____ - _____

Email: _____

Race/Ethnicity:

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Hispanic or Latino
- White
- Native Hawaiian or other Pacific Islander
- Multiracial
- Other _____

College:

- Business, Public Policy and Health
- Division of Lifelong Learning
- Education & Human Development
- Engineering
- Explorations
- Graduate
- Liberal Arts & Sciences
- Nat. Sciences, Forestry & Agriculture
- Onward

Class Standing:

- prospective student
- 1st year
- sophomore
- junior
- senior
- graduate student

yes no Did the parent or guardian with whom you lived **graduate** from a **four-year** college?

yes no Do you have a **documented** disability on file with the Director of Disability Services?

yes no Are you a non-resident alien?

yes no Is your English speaking ability limited?

Reason for visit:

- I have a disability with supportive documentation (LD testing, medical reports, etc.)
- I think I might have a disability
- I'm having academic difficulties

If you have a disability or believe you do, please indicate the type below (check all that apply):

- Blind/visually impaired
- Deaf/hearing impaired
- Motor impairment
- Speech impairment
- Chronic illness
- Learning disability
- Psych/emotional disorder
- Attention deficit disorder
- Other _____

What is your major? _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

yes no Are you an **official student athlete**?

I give Disability Support Services permission to release information related to the nature of my disability and functional limitations that might help my professors, their respective deans, my academic advisor and/or coaches, athletic advisors to understand my special needs and provision of services. This will be in effect until student submits in writing restrictions related to the release of disability information.

Signed: _____

Date: _____

**Disability Support Services
Academic Needs Assessment**

Name _____

Date ____/____/____

Office Use Onl

High school GPA (estimate if necessary A= 4.0, B= 3.0, C= 2.0 D= 1.0) _____ (01)

Predictive indicators (please check all that apply) (05)

- English as a Second Language (13)
- TANF/ ASPIRE/ PAS participant
- Educational Opportunity Center participant
- Talent Search participant
- Upward Bound participant
- How many hours per week do you work?
- How many hours per week do you study?

Have you ever had diagnostic testing and were any learning/academic weaknesses identified? (06)

What is your college GPA? _____ (07)

Do you have a General Equivalency Diploma (GED)? Yes No (08)

Have you failed any college courses? Yes No (09)
Which?

Have you been out of formal education for 5 or more years? Yes No (10)

Do you feel your past academic experiences have adequately prepared for your classes? Yes No (15)

What skills do you need to raise your grades? (16)