



Student Profile

Student Name: _____

Student ID #: _____ Date: _____

Major: _____ Projected graduation Date: _____

Address: _____

Phone: _____ email address: _____

Please list any schools/programs attended since graduating/earning GED:

What is the nature of your disability? _____

How long have you been diagnosed? _____

In your own words, please describe how your disability impacts your daily life and education:

What accommodations have you utilized in the past (extended exam time, note-takers, etc.)?

What accommodations are you seeking this semester?

Please list any assistive technology you currently use or have used in the past (e.g. screen readers, books on tape/CD, CCTV, etc):

Would you like Disability Services to notify your instructors of your disability? _____
(If you answer "no" the office will simply notify instructors of your accommodations or concerns without revealing the nature of your disability.)

If you answered yes, please specify level of disclosure. _____

Are you currently working with the Office of Vocational Rehabilitation? _____
If yes, what is your counselor's name? _____

Would you want us to contact someone at home for you should we have concerns during the semester? If yes, please include a name, nature of relationship and contact information.

Please list classes you are requesting accommodations for: _____

Signature: _____