



Disability Services Office

Inquiry Form

Name: _____ Date: _____ Current Semester: _____

Social Security: _____ Campus Box: _____ Preferred Email: _____

Address: _____

Campus Phone: _____ Home Phone: _____

Current Student

Major: _____ Year in School: _____

Stated Concern: _____

New Student

Expected Matriculation, Year and Semester: _____ Major: _____

Curriculum:

___ Incoming Freshman ___ Graduate/Continuing Studies

___ Transfer: Amount of Credits _____ School _____

Expected Date of Graduation: _____

Type of Disability (ies): _____

Description of Disability: _____

Age or Onset of Disability: _____

If Learning Disability, Date of Last Testing: _____

Support Services Previously Used: ___Yes ___No

Explain: Tutors, Notetakers, Testing Accommodations, Teaching Aids, etc.

Where: High School, Previous College, Other _____

Possible Accommodations:

___ Testing:

- ___ Extended Time
- ___ Distraction Free Environment
- ___ Reader for Exam
- ___ Use of Computer
- ___ Large Print Exam

___ Notetaker

- ___ Books on Tape/CD
- ___ Modified Tutoring Services
- ___ Tape Recording/Video Taping Lectures
- ___ Interpreter Services
- ___ Use of Adaptive Equipment (i.e. FM system, infrared)
- ___ Enlarged Print Material
- ___ Educational Support (i.e. time/stress management, advising, counseling)

Will accommodations be needed for START? ___Yes ___No

If yes, please explain: _____

Documentation:

Documentation to be provided by:

Name Title/Agency/School

Date Requested: _____ Date Submitted: _____

Comments:

