

College Supports Questionnaire

GENERAL INFORMATION

You may print out this form and complete it before you visit Student Disability Services.

Today's Date: _____ Birth Date: _____
Name: _____ SS#: _____
Address: _____ Telephone #: _____
Email: _____

DISABILITY INFORMATION

1. For what diagnosed disability are you seeking accommodations?

(check all that apply)

- Attention Deficit Disorder ADD / Attention Deficit Hyperactivity Disorder (ADHD)
- Learning Disability (LD)
- Mental Health Impairment
- Mobility Impairment
- Chronic Illness
- Other (please specify) _____
- Blind / Visual Impairment
- Deaf / Heard of Hearing (HOH)
- Speech Impairment
- Brain Injury

2. When was this disability first identified or diagnosed? _____

3. Date of last diagnostic assessment? _____ By whom? _____

4. Are you taking any medications that might affect your attendance or performance at college?

Yes No How may these medications affect your physical, sensory, perceptual, behavioral or cognitive performance?

5. Please provide a descriptive narrative of your disability in your own words and explain how it affects you in an academic setting.

6. How does your condition impact you?

In classes (i.e. listening, note taking, speaking, writing, keyboarding, sitting, attendance)

On evaluations (i.e. tests, papers, oral reports, group projects)

When doing out of class assignments (i.e. reading, writing, calculating, keyboarding, library work)

When there are time constraints (i.e. timed tests, deadlines, class schedules)

Mobility (i.e. manipulating objects, transportation & getting around, other mobility affects)

Diet and eating patterns

Sleep

Interacting with others

7. Have you received accommodations for this disability in the past? Yes No

If yes, what auxiliary aids, assistive devices, support services, and accommodations have you used or are you currently using that are effective in lessening the impact of the disability?

8. Housing Needs

Describe your current living arrangements (i.e. with parents, in dorm, with roommate, etc.)

Where do you plan to live while attending college? With whom?

Describe your living habits (i.e. privacy, personal space needs, orderliness, etc.)

9. Transportation

Do you drive? Yes No

Do you use public transportation? Yes No

Do you have difficulty navigating different environments or remembering directions?
 Yes No If so, what strategies do you use to help you? (maps, photos, etc.)

How will you get to your classes? Around campus?

10. Support Network

Who will be the support persons available to you on an ongoing basis while you are at college? Examples: parent, spouse, therapist/counselor, coach, etc.

What kinds of things do these people currently provide for you (i.e. what roles do each play?)

Do you obtain services from Rehabilitation Services? If so, what do they provide for you? Please provide their name, county, address and phone number?

11. Sensory Integration

Are you sensitive to certain stimuli?

- Lights or visual disturbance
- Odors
- Noise
- Touch
- Tastes/Textures

Other... please explain _____

12. Stress Tolerance

What particular situations trigger a stress response in you?

Please rate on a scale from 1-10 the following examples of day-to-day changes you may encounter as a student based on your ability to manage the stress it may cause you.

"No big deal" = 1-2

"I'd be anxious but OK" = 5-6

"I would be very angry or scared and it would be impossible for me to continue" = 9-10

- The seat you usually sit in is taken when you get to class.
- You have to look for a different parking spot every day.
- The professor has left a note on the classroom door explaining that class will be held in an alternative building today.
- You are called upon in class to discuss a reading with a student next to you.
- The bookstore does not have the book you need when you arrive to purchase it.
- Your professor announces a pop quiz when you enter the room.
- Your roommate ate food that belonged to you which was in your shared refrigerator.
- The bus you are riding forgets to stop at your stop to let you off.
- You must walk through a very crowded hallway every time you need to get to your classroom.
- The grade you get on your first paper (you thought was A quality) is a C- and the professor instructs you to see him about it.

13. Social Issues

Do you prefer spending time with your friends or spending time alone?

What activities do you like to do with others? (movies, computer games, baseball, etc.)

When interacting with others, do you have difficulty

	Yes	No
Monitoring your voice level?	<input type="checkbox"/>	<input type="checkbox"/>
Knowing when to start or stop talking?	<input type="checkbox"/>	<input type="checkbox"/>
Knowing how to begin, maintain or end a conversation?	<input type="checkbox"/>	<input type="checkbox"/>
Making eye contact with others while talking?	<input type="checkbox"/>	<input type="checkbox"/>

How do you prefer to communicate (email, phone, in person) with the following groups?

Instructors or support persons?

Other students?

Friends and/or family?

	Yes	No
Do you have difficulty starting projects or papers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulties making appointments, remembering them or getting to them? If yes, describe.	<input type="checkbox"/>	<input type="checkbox"/>

Do you use a planner, digital planner, or organizational system? Yes No

How do you decide on the importance or priority of tasks? (i.e. studying different subjects)

Is your work / study area

- Organized and neat?
- Disorganized and messy?

14. Disclosure / Advocacy

Whom do you plan to inform of your diagnosis at the college?

Are you able to talk with an instructor, staff or teaching assistants about the impacts of your disability?

How would you like Disabilities Services to assist you with disclosure issues?

What do you think your greatest challenge or barrier to success at the college will be?

Is there any additional information about yourself that you would like Disabilities Services to know?