

Service Expectations:

- Provide reasonable and appropriate accommodations for students with disabilities
- Work with student and professor to develop workable solutions when problems or issues occur relating to accommodations
- Serve as an advocate for students

Date: _____

Demographic Data and Contact Information

Student Full Name: _____

Date of Birth: ____/____/____ (Format: MM/DD/YYYY)

UCID#: M _____

Cell Phone: () _____

Residence Hall: _____ Room #: _____

Disability Disclosure

Primary Disability: _____

Secondary Disability: _____

Did you receive special education services (IEP/504 Plan) in grade school or high school?

Yes No

If yes, please describe services provided:

Part 1: Student Self-Report

If you require assistance to complete this section, please let us know.

How does your disability affect you in an academic setting? (Examples: Test taking, class attendance, taking notes, understanding materials, speaking, comprehension, etc.)

Are there any other areas of University life that might be impacted by the disability? (Examples: transportation, housing, building accessibility, parking, etc.)

What accommodations, i.e., extended time on exams; note taker, quiet room, etc. have you used in the past? What was helpful? What was not?

If any, what assistive technology devices and/or auxiliary aids have been effective in providing equal access to educational opportunities? (Example: Tape Recorder, Calculator, Audio textbooks etc.)

What is your intended major? Are there specific accommodations that need to be explored in that course of study?

If deemed eligible for services, what accommodations are you requesting from Disability Services?

Are you working with any external support networks or organizations? (Ex: Vocational Rehabilitation Services, Veterans Services, Bureau of Services for Visually Impaired, Other)
Yes _____ No _____

If yes, list and describe: _____

Have you been prescribed medication applicable to your disability? How does the medication affect your daily functioning?

What are your strengths?

What are your challenges?

Is there additional information, which you would like to include within your self-report?

Please sign below:

Student signature: _____

Date: _____