

Student Information:

Student ID: _____

- Class Level: Freshman
 Sophomore
 Junior
 Senior
 Graduate
 Continuing Education
 Other (please specify) _____

Transfer student: Yes: No:

Program of Study: _____

Expected Year of Graduation: _____

Disability Information:

Do you have an open case with ACCES-VR or CBVH? Yes: No:

If yes, please provide the following information:

Office Address: _____

Counselor Name: _____

Phone Number: _____ E-mail: _____



How did you hear about the Office of Disability Services?

What is your disability and when was it diagnosed?

What are the limitations caused by your disability? (How has your disability affected you?)

Are you currently taking any medications related to your disability or medical condition? If so, please list all the medications you are taking. (Include any side effects of the medications that cause functional limitations.)

What accommodations have you received in the past and how have they been helpful? (These services do not automatically carry over to your current academic situation, but help to provide ODS with necessary background information.)
