

GET READY FOR YOUR FIRST MEETING WITH DISABILITY SUPPORT SERVICES

As a student moving from high school to college, you are responsible for providing the College with information about your disability. Complete this form prior to your first meeting with the college Disability Support Services. You may need to ask your school to help you with some of the questions. The information you provide will help the Disability Support Services better understand you abilities and disabilities.

Student's Name _____ Date: _____

High School Attending _____ Graduation Date _____

Resource Teacher's Name _____ Work Phone # _____

Student's current Disability Diagnosis (If LD, please indicate areas of concern, i.e. math, reading, memory etc.):

Current Academic Achievement Levels:

Reading _____ Test Used _____ Date _____

Math _____ Test Used _____ Date _____

Written Communication _____ Test Used _____ Date _____

SPECIAL EDUCATION SERVICES RECEIVED BY STUDENT IN HIGH SCHOOL		
(Please check all that apply)		
SERVICE	JUNIOR YEAR	SENIOR YEAR
Resource Help		
Hours per week of resource		
Class Within A Class		
Special Academic Classes		
Speech/Language		
Other(s)		
TESTING ACCOMMODATIONS		
SERVICE	JUNIOR YEAR	SENIOR YEAR
Test read orally to student		
Test answered orally or on tape		
Clarification of test questions**		
Extended time to complete tests		
Enlarged tests		
Use of calculator		
Spell checker		
Other(s)		

SPECIFIC ACCOMMODATIONS		
SERVICE	JUNIOR YEAR	SENIOR YEAR
Extended time to complete assignments*		
Alternate assignments*		
Modified curriculum*		
Taped lectures		
Audio textbooks		
Writer		
Notetaker		
Enlarger/Enlarged materials		
Tutor**		
Adaptive Technology		
Other(s)		

*Is not usually provided in Postsecondary Education

**Some colleges/universities do not provide as a free service

Please rate these areas from 1-5 with 1=weakest and 5=strongest.

	WEAKNESS(1) to STRENGTH (5)					COMMENTS
Study skills	1	2	3	4	5	
Note taking	1	2	3	4	5	
Organization of time	1	2	3	4	5	
Organization of material	1	2	3	4	5	
	WEAKNESS(1) to STRENGTH (5)					COMMENTS
Ability to complete work independently	1	2	3	4	5	
Motivation/persistence	1	2	3	4	5	
Test taking strategies	1	2	3	4	5	
Computer (key boarding) skills	1	2	3	4	5	
Social skills	1	2	3	4	5	
Interaction with adults and/or authority figures	1	2	3	4	5	
Interaction with peers	1	2	3	4	5	
Self-advocacy skills	1	2	3	4	5	
Knowledge of specific disability	1	2	3	4	5	
Ability to discuss disability with others	1	2	3	4	5	

Do you use Audio Textbooks? Yes No

If yes, are you registered with any of the following?

- Recordings for Blind and Dyslexic
- National Library Service
- Local Talking Tape Service

Do you have a Division of Vocational Rehabilitation counselor? Yes No

If yes, name of counselor: _____ Phone Number: _____

When was your last comprehensive LD diagnostic evaluation? _____

Please bring a copy to your first meeting with the Access Office

When was your last vocational assessment? _____

Please bring a copy to your first meeting with the Access Office

What career goals have you considered? _____

Describe your preferred learning style. _____

What strengths, skills, or abilities would you like to share? _____

What is your biggest concern about attending college? _____

Is there any other information you feel will be helpful? _____

Developed by Gail Wagoner, Monica Hebert, and Suelaine Matthews. Modified 11/05