

STUDENT DISABILITY EVALUATION

Students with a disability must complete and return this form to the Office of Disability Services.

1. What is the nature of your disability? (Check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mobility impairment |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Hearing impairment | |
| <input type="checkbox"/> Other (please describe): _____ | |

2. What types of accommodation did you receive while in high school or in an undergraduate institution? _____

3. Do you anticipate the need for accommodations or support services, e.g., readers, notetakers, accessible housing, etc? Please list needs: _____

4. Do you wish information in an alternate form such as braille? Please list desired format: _____

School/Major: _____ Year: _____

Name: _____

Address: _____

Telephone: _____ Social Security No.: _____