# Request for Disability Services

**Central Connecticut State University**

Form available in alternate formats

## Personal Information

<table>
<thead>
<tr>
<th>Legal Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>Middle</td>
</tr>
</tbody>
</table>

| Preferred Name (if different): |  |

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Gender:</th>
<th>Student ID No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>/</td>
<td></td>
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</tbody>
</table>

Are you Hispanic, Spanish or Latino?  □ Yes  □ No

Race (mark all that apply):

□ White □ Asian American □ Alaskan Native

□ Native Hawaiian/Pacific Islander □ African American/Black

□ American Indian

□ Other (please specify): ______________________

<table>
<thead>
<tr>
<th>Current Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Apartment/Unit #</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent Address: (If different)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Apartment/Unit #</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

International Students: ______________________

<table>
<thead>
<tr>
<th>Province</th>
<th>Country</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Cell Phone:</th>
<th>Work Phone:</th>
</tr>
</thead>
</table>

Most convenient time to call *(please circle)*: Mornings Afternoons Evenings
Email Address (CCSU): ____________________________________________

Are you an International Student?:
☐ Yes, If yes, what is your country of origin? ____________________________
☐ No

Is English your first language?
☐ Yes
☐ No, If no, what is your first language? ________________________________

Are you active in the military?
☐ Yes
☐ No

Are you a military veteran?
☐ Yes
☐ No

Do you, or are you planning to live on campus?
☐ Yes
☐ No, If no, where? _________________________________________________

**Emergency Contact Information:**

Name: ____________________________________________________________________

Address: __________________________________________________________________

Phone number: __________________________ Relationship: ______________________

(Optional) Parent/family member/caregiver contact information:

Name: ____________________________________________________________________

Address: __________________________________________________________________

Phone number: __________________________ Relationship: ______________________
Please state each disability, indicate whether this/these are your primary or secondary disability/disabilities, and when each was diagnosed.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

In the event of an emergency, which particular health care provider may we contact?

Name of provider/clinic: ____________________________________________________

Phone number: ____________________________________________________________

List any medications (over the counter and/or prescription) you are currently taking and their side effects.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please list any other relevant information regarding your health.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
**Academic Information**

Class standing:
- ☐ Prospective Student
- ☐ Incoming accepted
- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate Student

Date you started at CCSU: _______________  Month  Year

Have you declared a major?
- ☐ Yes, my major is _________________________
- ☐ No

Do you have an advisor?
- ☐ Yes, (please list): _________________________
- ☐ No
- ☐ Don’t know

Were you previously registered with Student Disability Services at CCSU or elsewhere?
- ☐ Yes
  If yes, please explain: ___________________________________________________
  ___________________________________________________
  ___________________________________________________
- ☐ No

Are you a first time student at CCSU?
- ☐ Yes
- ☐ No
  If no: When did you last attend CCSU? _______________________________________
  (Optional) What was the reason for leaving? _________________________________
  ___________________________________________________

Are you a transfer student?
- ☐ Yes
  Previous institution(s) attended: ___________________________________________
  Dates attended (month, year): _____________________________________________
- ☐ No

What is your educational goal?
- ☐ Classes only, no certificate or degree
- ☐ One to two-year certificate program
- ☐ Two-year college degree
- ☐ Four-year college degree
- ☐ Graduate or professional study beyond four years
## Disability Information

Are you receiving services from a state or federal agency?
- [ ] Yes
  - If yes, please list the name and address of the agency and if possible, the name and phone number of your case manager:
    - __________________________________________
    - __________________________________________
    - __________________________________________
- [ ] No

Do you work with a vocational rehabilitation counselor?
- [ ] Yes
- [ ] No

  If yes: Please provide the following information:
  - Name: ________________________________
  - Address: ________________________________
  - Phone number: ________________________________

Please check the category that best describes your condition (check all that apply, you will be able to provide more detailed description of your disability in a separate section below).

<table>
<thead>
<tr>
<th>Disability Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD (e. g. combined type, inattentive type, hyperactive/impulsive type)</td>
<td></td>
</tr>
<tr>
<td>Autism Spectrum Disorder (e. g. Asperger’s, PDD)</td>
<td></td>
</tr>
<tr>
<td>Chronic Health (e. g., diabetes, Crohn’s disease)</td>
<td></td>
</tr>
<tr>
<td>Deaf or Hard of Hearing (e. g., sensorineural, conductive)</td>
<td></td>
</tr>
<tr>
<td>Learning/Cognitive (e. g., dyslexia, processing speed)</td>
<td></td>
</tr>
<tr>
<td>Neurological (e. g., migraines, epilepsy, paraplegia, TBI)</td>
<td></td>
</tr>
<tr>
<td>Physical/mobility/orthopedic disability (e. g., arthritis, amputee, spina bifida)</td>
<td></td>
</tr>
<tr>
<td>Psychological (e. g., Major Depressive Disorder, Generalized Anxiety Disorder)</td>
<td></td>
</tr>
<tr>
<td>Visual (e. g., legally blind, glaucoma)</td>
<td></td>
</tr>
<tr>
<td>Speech/Language impairment</td>
<td></td>
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<tr>
<td>Motor impairment</td>
<td></td>
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</tbody>
</table>
Please place a check next to each task you feel is a problem. There are no right or wrong answers. Your answers help us to determine which support is most appropriate for you.

- ☐ Paying attention in class
- ☐ Completing assignments
- ☐ Taking notes
- ☐ Memorizing
- ☐ Time management
- ☐ Reading at a good pace
- ☐ Understanding what you have read
- ☐ Solving math problems
- ☐ Following directions
- ☐ Spelling
- ☐ Finishing tests on time
- ☐ Putting thoughts into writing
- ☐ Proofreading
- ☐ Getting and staying motivated
- ☐ Asking for help

Please answer the following questions as detailed as possible.

1. In high school and college, what were your easiest subjects?
   
   _________________________________________________________________
   
   _________________________________________________________________
   
   _________________________________________________________________

2. In high school and college, what were your most difficult subjects?

   _________________________________________________________________
   
   _________________________________________________________________
   
   _________________________________________________________________

   _________________________________________________________________
<table>
<thead>
<tr>
<th>Disability Accommodations</th>
</tr>
</thead>
</table>

In your own words, please describe your disability, its impact on your daily life, and how it affects you in an academic setting. Particularly, describe how you have dealt with school or college in the past, any strategies or tools that you have developed throughout the duration of your disability. Please note any special equipment that you use.
Check the services and accommodations that you have used before and/or those you feel would benefit you at Central Connecticut State University?

A) General services

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>This will benefit me/I have used it before</th>
<th>This will not benefit me</th>
<th>If you’ve used this in the past, was it helpful? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance with registration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistive devices and equipment loan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Braille</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Books on audiotapes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Disability parking</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Early registration</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Extended time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note takers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Phonic ear</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Priority registration</td>
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<tr>
<td>Proofreading</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Reduced course load</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Route planning and mobility orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing, e.g. SAT, ACT, GRE</td>
<td></td>
<td></td>
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<tr>
<td>Self-advocacy skills training</td>
<td></td>
<td></td>
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<tr>
<td>Talking calculator</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tutoring</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Others (please describe)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B) Testing Services

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>This will benefit me/I have used it before</th>
<th>This will not benefit me</th>
<th>If you’ve used this in the past, was it helpful? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distraction-free room</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Extended time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpreter</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Large print tests</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Reader for exams</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Special equipment needed</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Use of computer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (please describe)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C) Classroom services

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>This will benefit me/I have used it before</th>
<th>This will not benefit me</th>
<th>If you’ve used this in the past, was it helpful? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive listening devices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front-row seating</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Help identifying notetakers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large print handouts</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Physical assistance in labs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Table for wheelchair</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Taping lectures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (please describe)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Work Information

Are you currently employed?

☐ Yes
☐ No

If yes:

Where do you work? ______________________________________________________

Please briefly describe your duties. __________________________________________
________________________________________________________________________

How many hours a week do you work? ______________________________________

How many hours do you, or do you plan to work during the semester? __________

Physical Needs/Assistance

Can you walk without assistance?

☐ Yes
☐ No

Can you walk if assistance is provided?

☐ Yes
☐ No

Can you hear a fire alarm?

☐ Yes
☐ No

Can you use stairs without assistance?

☐ Yes
☐ No

Can you use stairs if assistance is provided?

☐ Yes
☐ No
Do you need assistance exiting a building?
☐ Yes
   If yes: Please describe how we can help you.
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

☐ No

Do you have seizures?
☐ Yes
   If yes: What kind? ________________________________

☐ No

Do you have a health condition that requires CCSU personnel to be aware of and have prior knowledge/special instructions of?

☐ Yes
   If yes: Please describe the condition and list other useful information.
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

☐ No

Thank you for taking the time and answering the questions. Please allow two weeks of processing time.

Please feel free to attach any brochures, flyers or other relevant printed information regarding your condition.
Certification

By providing my signature, I certify that all information provided on this form is accurate. I understand that in order to benefit from accommodations and services provided by Student Disability Services (SDS) at Central Connecticut State University, I must submit (1) this completed form, signed and dated, and (2) disability documentation that meets the requirements of Central Connecticut State University. By signing this document I authorize SDS of Central Connecticut State University to discuss my documentation with the evaluator who authored the documentation regarding my disability, if additional information or clarification is needed.

Signed: ____________________________________________

Date: ____________________________________________

Confidentiality Statement

Student information and documentation obtained through the Student Disability Services (SDS) are considered an educational record and are protected under the Family Educational Rights and Privacy Act of 1974 (FERPA). Although certain medical records are exempt from FERPA’s definition of “education records,” that exemption does not apply to students with disabilities. Accordingly, confidential records will be protected in accordance with FERPA regulations with the purpose of providing appropriate academic accommodations.

The information obtained from students or other sources are considered confidential and are secured in a locked cabinet. In addition to paper files, SDS keeps some electronic information on students. Only SDS personnel can access this information. Information about disabilities and the use of accommodations are not disclosed on a student’s transcripts. Disability related documents created by the SDS would not be released to an outside third party without written consent of the student, unless there is a valid reason to do so, such as a threat to the individual’s own safety or the safety of others. Disability related documents obtained from a third party (e.g., medical records, diagnostic reports) would only be released to the student with the appropriate written authorization. Students have the right to review the contents of their files with an SDS staff member after completing the Request to Review my Records Form.