

Request for Disability Services Central Connecticut State University



Form available in alternate formats

Personal Information

Legal Name: _____
Last Middle First

Preferred Name (if different): _____

Date of Birth: ____/____/____ Gender: _____ Student ID No.: _____

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): _____

Current Address: _____
Street Address Apartment/Unit #

City State Zip Code

Permanent Address: _____
(If different) Street Address Apartment/Unit #

City State Zip Code

International Students: _____
Province Country

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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: _____

Medical Information

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).

ADHD (e. g. combined type, inattentive type, hyperactive/impulsive type)	
Autism Spectrum Disorder (e. g. Asperger's, PDD)	
Chronic Health (e. g., diabetes, Crohn's disease)	
Deaf or Hard of Hearing (e. g., sensorineural, conductive)	
Learning/Cognitive (e. g., dyslexia, processing speed)	
Neurological (e. g., migraines, epilepsy, paraplegia, TBI)	
Physical/mobility/orthopedic disability (e. g., arthritis, amputee, spina bifida)	
Psychological (e. g., Major Depressive Disorder, Generalized Anxiety Disorder)	
Visual (e. g., legally blind, glaucoma)	
Speech/Language impairment	
Motor impairment	

Academic Strengths and Weaknesses

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.

- | | |
|---|--|
| <input type="checkbox"/> Paying attention in class | <input type="checkbox"/> Completing assignments |
| <input type="checkbox"/> Taking notes | <input type="checkbox"/> Memorizing |
| <input type="checkbox"/> Time management | <input type="checkbox"/> Reading at a good pace |
| <input type="checkbox"/> Understanding what you have read | <input type="checkbox"/> Solving math problems |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Finishing tests on time | <input type="checkbox"/> Putting thoughts into writing |
| <input type="checkbox"/> Proofreading | <input type="checkbox"/> Getting and staying motivated |
| <input type="checkbox"/> 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?

Disability Accommodations

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

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

B) Testing Services

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

C) Classroom services

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

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.