

# Disability Services Questionnaire

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

High School location: \_\_\_\_\_

I think I'd like to be: \_\_\_\_\_

Hobbies: \_\_\_\_\_

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I am \_\_\_blind \_\_\_low vision \_\_\_visually impaired

How long have you been blind or low vision? \_\_\_\_\_ years

My vision loss \_\_\_does or \_\_\_does not change

Do you have any other health conditions or learning disability?

\_\_\_no \_\_\_yes Please list below

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In high school, I used these things in my classes:

\_\_\_Braille

- Large Print
- Magnification Device
- Monocular
- Screen Reader
- CCTV
- OCR
- High Contrast
- Audio Description
- Text to Speech
- Guide Dog
- White Cane
- Notetaker
- Extended test time

I would like to talk with you about using these accommodations in my college classes:

- Braille
- Large Print
- Magnification Device
- Monocular
- Screen Reader
- CCTV
- OCR
- High Contrast
- Audio Description
- Text to Speech
- Guide Dog
- White Cane
- Notetaker

Extended test time

Early registration for classes

Other \_\_\_\_\_

I live in a dorm on campus

no  yes, and I will need the following accommodation in my dorm:

Ground floor room

Carpet-free room for easier mobility

Private bathroom for independent showing

Private room to accommodate additional technology storage

Orientation and mobility training around campus

Braille signage in the dorm

Audio Description on TVs in public areas

Other \_\_\_\_\_

I  would  would not

like helping with writing letters to my professors, explaining my accommodations for classes.

I  would  would not

like your help explaining my accommodations to my dorm or campus housing staff.

I  would  would not

like your help finding notetakers for my classes.

I hope to get involved in other activities on campus. Some things that interest me are:

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