



Disability Services

Questionnaire

INSTRUCTIONS

To move from field to field, use the TAB key or mouse.

To move from page to page, use the:



next page indicator

or

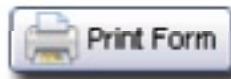
vertical scroll bar.

To check a box, click on it.

To print the form, click on the:



or



To close the form, click on the exit button.



IMPORTANT!!!

You cannot save the information entered on the form. If you want a copy of your form, you **MUST** print it **BEFORE** closing it.



You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.



Disability Services Questionnaire

NAME

First Name _____

Last Name _____

ADDRESS

Street _____

City _____ State _____ Zip Code _____

**CONTACT
INFORMATION**

Main Phone # _____ Cell Phone # _____

Email _____

**PERSONAL
INFORMATION**

First Language _____

Major _____

My High School _____

My High School is located in _____

I think I'd like to become a... _____

Hobbies _____



Disability Services Questionnaire

- Question 1.** I am DEAF or HARD-OF-HEARING
- Question 2.** How long have you been deaf or hard-of-hearing? _____ years
- Question 3.** My hearing loss DOES or DOES NOT change.
- Question 4.** I AM or AM NOT involved in the Deaf culture right now.
- Question 5.** Of the following, I have difficulty with:
- a. Communicating with people one-to-one/face-to-face
 - b. Discussions in small groups
 - c. Lectures in big groups
 - d. Reading English
 - e. Writing English
 - f. Talking with other people about being deaf or hard-of-hearing
- Question 6.** Do you have any other health conditions or learning disabilities?
- No Yes – Please list them:
- _____
- _____
- Question 7.** In high school, I used these things in my classes:
- a. Interpreters using ASL/PSE/Signed English/Cued Speech
 - b. CART, C-Print or TypeWell
 - c. FM System
 - d. Cochlear implant
 - e. Hearing aids
 - f. Notetakers
 - g. Tutors
 - h. Closed captioning for TV and movies
 - i. Loop or infrared system in classes
 - j. Seat in the front of the class
 - k. Interpreted tests
 - l. Extended testing time
 - m. Other _____



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- Question 8.** I would like to talk with you about using these accommodations in my college classes:
- a. Interpreters using ASL/PSE/Signed English/Cued Speech
 - b. CART, C-Print or TypeWell
 - c. FM System
 - d. Cochlear implant
 - e. Hearing aids
 - f. Notetakers
 - g. Tutors
 - h. Closed captioning for TV and movies
 - i. Loop or infrared system in classes
 - j. Seat in the front of the class
 - k. Interpreted tests
 - l. Extended testing time
 - m. Other _____
- Question 9.** I live in a dorm on campus.
NO YES, and I will need the following accommodations in my dorm:
- a. Signal for door knocks or doorbell
 - b. TTY/TDD
 - c. Phone with amplification
 - d. High speed internet for Video Relay Service (VRS) calls
 - e. Strobe or flashing smoke/fire alarms
 - f. Vibrating, flashing or strobe wake-up alarm
 - g. Closed captioning for dorm TV
- Question 10.** I WOULD or WOULD NOT like your help writing letters to my professors, explaining my accommodations for classes.
- Question 11.** I WOULD or WOULD NOT like your help explaining my accommodations to my dorm or campus housing staff.
- Question 12.** I WOULD or WOULD NOT like your help finding notetakers for my classes.
- Question 13.** I WOULD or WOULD NOT a copy of my audiogram for disability documentation.

I understand that if I do not have a copy of my audiogram, I cannot get any services from disability services.



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Question 14.

I hope to get involved in other activities on campus.

Some things that interest me are: