

DISABILITY AND CURRENT IMPACT

In addition to reviewing your documentation, your answers to the following questions will assist us in understanding the current impact of your disability.

1. What is your current disability? _____

2. What is your current disability diagnosis? (Write in your diagnosis or check appropriate category below.)

_____ Attention-deficit/Hyperactivity Disorder

_____ Psychological Disorder

_____ Medical Disability/Chronic Illness

_____ Brain Injury/Post-concussive syndrome

_____ Mobility Impairment

_____ Autism Spectrum Disorder

_____ Learning Disability

_____ Visual Disability

_____ Speech Disability

_____ Hearing Disability

_____ Other (please explain) _____

3. Describe how your current disability impacts you.

At School:

At Work:

Socially/Personally:

4. Check the areas affected by your current disability:

_____ Reading

_____ Writing

_____ Math

_____ Memory/Recall

_____ Reasoning

_____ Processing

_____ Attention

_____ Concentration

_____ Organization

_____ Time Management

_____ Social

5. What accommodations are you requesting? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Extra time for exams | <input type="checkbox"/> Extra time for written work in class |
| <input type="checkbox"/> Reader/scribe for exams | <input type="checkbox"/> Exams in a distraction free environment |
| <input type="checkbox"/> Exams in electronic format | <input type="checkbox"/> Student note taker |
| <input type="checkbox"/> Use of recording device/SmartPen | <input type="checkbox"/> Instructor supported notes |
| <input type="checkbox"/> Use of calculator | <input type="checkbox"/> Use of hand held spell checker |
| <input type="checkbox"/> Alternative format for printed materials | <input type="checkbox"/> Computer reading programs |
| <input type="checkbox"/> Disability related absences | <input type="checkbox"/> Make up exams |
| <input type="checkbox"/> Priority registration | <input type="checkbox"/> Other _____ |

ACADEMIC HISTORY

1. Describe your strengths, weaknesses, and special interests.

2. Did you attend a _____ public or a _____ private high school? High school name: _____

3. Did you have an IEP, 504 plan or some other school-based support? _____ Yes _____ No

If yes, please **submit a copy of supporting assessment documentation** with this form or under separate cover.

4. What were your grades or grade point average (GPA) in high school or any other undergraduate studies? _____

5. Approximately how many hours a week do you spend studying/preparing for school? _____

6. What accommodations worked in the past? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Extended time on exams | <input type="checkbox"/> Reader for exams |
| <input type="checkbox"/> _____ 50% <input type="checkbox"/> _____ 100% | <input type="checkbox"/> Scribe for exams |
| <input type="checkbox"/> Exams administered in distraction free environment | <input type="checkbox"/> Exams taken on computer |
| <input type="checkbox"/> Alternative format for printed material | <input type="checkbox"/> Audio recordings of lecture |
| Previous methods used _____ | <input type="checkbox"/> Note takers |
| <input type="checkbox"/> Assistive technology | <input type="checkbox"/> Calculator |
| Types of AT used _____ | |
| <input type="checkbox"/> Alternative communication methods | |
| Previous methods used _____ | |
| <input type="checkbox"/> Environmental access | |
| Specific issues addressed _____ | |

7. Are you taking any medication to manage the impacts of your disability? _____ Yes _____ No

If yes, please describe, including if **effective or ineffective**.

8. Have you participated in any **therapeutic services** (therapy, coaching, support services, etc.) to manage the impacts of your condition? _____ Yes _____ No

If yes, please describe, including if these were **effective or ineffective**.

9. Would you like information on any of the following additional support services?

- | | |
|---|---------------------------|
| _____ Tutoring | _____ Academic Advisor |
| _____ Counseling and Psychological Services | _____ Enrollment Services |
| _____ Study areas | _____ Writing Center |
| _____ MyESUPortal | _____ Career Services |
| _____ Health Services | _____ D2L |
| _____ Delta Alpha Pi Honor Society | _____ Residence Life |

I understand that to be eligible for disability services at East Stroudsburg University I must provide this completed form and participate in an intake interview with a disabilities specialist. I also understand that submitting supporting documentation will assist the Office of Accessible Services Individualized for Students in providing me with appropriate accommodations. I authorize the Office of Accessible Services Individualized for Students faculty to share information from my records with other staff members in the Office of Accessible Services Individualized for Students as necessary until I sign the information release during our intake interview.

Documentation is: _____ enclosed _____ will be sent separately

Student Signature: _____ Date: _____

Please submit this form to our office via fax, mail, email, or in person.

Office of Accessible Services Individualized for Students (OASIS)
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