

Office of Accommodative Services
Student Registration/Self Assessment Survey
(TO BE COMPLETED BY THE STUDENT)

Today's Date: _____

Start Date: _____

I Contact Information:

Name: _____ A# _____

Contact # Primary: _____ Contact# Secondary: _____

E-Mail, Primary: _____ Secondary: _____

II Current/Recent Environmental Impact of disability:

- Describe in as much detail as possible where you experience the greatest challenges/barriers impacting your ability to learn and assess (test):

Condition/Disability: _____

Areas of Potential Impact and Strategies Utilized:

- **Reading:**

- **Writing:**

- **Math:**

- **Time Management/Organization:**

- **Study Skills/Retention of Material:**

- **How have previously received accommodations and/or resource room supports that helped you?**

- **What accommodations are you requesting at this time and why?**

Regarding any physical or mental health condition, have you tried any medical or educational interventions (counseling, medication...) to mediate the impact? Please explain what these were and how they have helped or not helped.

****Please list any disability related medications you are taking:**

Name: _____ Amount/Times per day: _____

Please explain how this medication helps:

Does this medication impact learning? If yes, please explain:

III General Information:

Motivation:

Values/Interests:

Goals/Why are you here at DCC:

Any other information that you think would be helpful for us to know:

IV What's Your Experience:

Please check the following areas where you feel you experience the <u>greatest</u> barriers/challenges to achieving your academic goals?					
Test-Taking	<input type="checkbox"/> Multiple Choice <input type="checkbox"/> Essay	<input type="checkbox"/> Reading questions	<input type="checkbox"/> Writing Out Answers	<input type="checkbox"/> Finishing on time	
In Classes	<input type="checkbox"/> Course Attendance	<input type="checkbox"/> Note-Taking	<input type="checkbox"/> Listening/Focus	<input type="checkbox"/> Speaking	
Class Assignments	<input type="checkbox"/> Papers	<input type="checkbox"/> Presentations	<input type="checkbox"/> Group Projects	<input type="checkbox"/> Lab Projects	
Homework	<input type="checkbox"/> Reading/comprehension	<input type="checkbox"/> Writing/Typing	<input type="checkbox"/> Research	<input type="checkbox"/> Short-term memory	
Under Time Constraints	<input type="checkbox"/> Time management	<input type="checkbox"/> Short-term deadlines	<input type="checkbox"/> Long-term assignments	<input type="checkbox"/> Feeling anxious	
Online	<input type="checkbox"/> Reading online content	<input type="checkbox"/> Viewing videos	<input type="checkbox"/> Participating in chats	<input type="checkbox"/> General accessibility	
Other Times	<input type="checkbox"/> Housing	<input type="checkbox"/> Social interactions	<input type="checkbox"/> Computer use	<input type="checkbox"/> Campus Activities	
Courses Most Challenging	<input type="checkbox"/> Math-based	<input type="checkbox"/> Writing-based	<input type="checkbox"/> Science-based	<input type="checkbox"/>	
Other comments or campus barriers not yet mentioned? (optional)					
Technology you own? (Check all)	<input type="checkbox"/> PC <input type="checkbox"/> PC Laptop <input type="checkbox"/> Dragon	<input type="checkbox"/> Mac <input type="checkbox"/> Mac Laptop <input type="checkbox"/> Smart Pen	<input type="checkbox"/> iPad <input type="checkbox"/> iPhone <input type="checkbox"/> Kurzweil	<input type="checkbox"/> Android Phone <input type="checkbox"/> Audio recorder	<input type="checkbox"/> Android Tablet
Are you interested in learning about apps that may help you in your academic work?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		