

TCU Box 297710

Web: <http://www.acs.tcu.edu/disability>

Student Disability Services
Fort Worth, TX 76129

disabilityservices@tcu.edu

Ph: 817-257-6567

Fax: 817-257-5358

Student Application to Request Accommodations and Services

Name: _____

Student ID# _____

Impact of Disability

Please state your primary disability. _____

Please list any additional disabilities. _____

Who diagnosed each disability (-ies) and when were the diagnoses made? _____

Please describe the impact of each disability. _____

Please describe how your disabilities affect you academically.

Describe the variability of your condition. Is it stable, or do you experience flare-ups? What triggers your flare-ups?

Medications

What medications and dosage amounts do you take? Who prescribes your medications? _____

Do you experience any significant side effects? Please name the medications causing side effects and explain how the side effects limit your functioning: _____

Treatment

Do you receive ongoing medical treatment? Yes _____ No _____ If yes, please explain frequency, provider, and treatment, if applicable to your request for disability accommodations: _____

Student Application to Request Accommodations and Services

Are you receiving any ongoing mental health treatment? Yes _____ No _____ If yes, please explain frequency, provider, and treatment, if applicable to your request for disability accommodations:

CURRENT FUNCTIONAL IMPACT OF DISABILITY

In which of the following areas do you currently experience functional limitations due to your disability?

READING

_____ Reading comprehension

_____ Reading rate/speed

MATH

_____ Solving word problems

_____ Math careless errors

_____ Math rate/speed/fluency

_____ Remembering math formulae or skills

NOTE-TAKING

_____ Listening to professors/lectures

_____ Note taking from lectures

_____ Note-taking from board or overhead screen

_____ Note-taking during reading

WRITING

_____ Writing paragraphs

_____ Computer skills

_____ Using a pencil or pen to write

_____ Grammar mistakes

_____ Spelling errors

_____ Punctuation errors

_____ Using your own words (avoiding plagiarism)

SCIENCE

_____ Science concepts

_____ Science lab skills

ATTENTION

_____ Maintaining focus in class

_____ Maintaining focus on homework

_____ Completing/submitting assignments on time

_____ Hyperactivity

_____ Staying awake in class

_____ Staying awake to do homework

MEMORY

_____ Retaining concepts

_____ Memorizing information

_____ Remembering vocabulary

_____ Short-term memory

_____ Long-term memory

MOBILITY/PHYSICAL

_____ Walking on campus

_____ Walking up/down stairs

_____ Sitting in class/Positioning

_____ Fatigue easily

_____ Heat intolerance

_____ Cold intolerance

_____ Muscle spasticity

_____ Pain (describe location & intensity): _____

ACADEMIC PROGRESS

_____ GPA Concerns

_____ Concerns about financial aid/scholarship requirements

_____ Creating daily schedule

_____ Advising

_____ Creating semester schedule

TESTING

_____ Testing—not enough time

_____ Testing—anxiety

MENTAL HEALTH CONCERNS

_____ Stress management

_____ Depression

_____ Anxious about attending class

_____ Anxious about speaking in class

_____ Anxious about working in groups

_____ Alcohol and/or drug use

_____ Eating disorder

_____ Isolation

_____ Sleep disorder

_____ Sleep too much

_____ Lack of sleep

Consider the major categories of **CURRENT functional limitations** listed above and then circle the TWO categories that are of greatest concern to you **READING MATH WRITING SCIENCE NOTE-TAKING ATTENTION MEMORY**

MANAGEMENT OF SELF AND TIME MOBILITY/PHYSICAL SELF-DETERMINATION TESTING MENTAL HEALTH

TCU Box 297710

Web: <http://www.acs.tcu.edu/disability>

Student Disability Services
Fort Worth, TX 76129

disabilityservices@tcu.edu

Ph: 817-257-6567

Fax: 817-257-5358

Student Application to Request Accommodations and Services

Student Information Worksheets

Name: _____ Student ID: _____

Permanent/Home

Address _____ City _____ State _____ Zip _____

TCU/Local

Address _____ City _____ State _____ Zip _____

Permanent Phone: () _____ Local Phone: () _____

Cell Phone: () _____ TCU e-mail address _____

Gender: _____ Date of Birth ____/____/____

Indicate where you **are** or **will be** living during the school year:

____ At home with parents/guardians _____ In your own apartment

____ In on-campus residence hall _____ In another setting _____

What is your classification? (FR, SOPH, JR, SR, GRAD, Non-degree) _____

High School Data (include name of school(s), location, dates attended, and date of graduation or GED completion)

High School(s): _____

When did you graduate? _____ H.S. Grade Point Average _____

Did you have an academic accommodations plan during your Kindergarten--12 school years? If yes, for what disability(ies)? _____

If yes, for which grades: K-2 ____ 3-5 ____ 6-8 ____ 9-10 ____ 11-12 ____

Describe the academic adjustments, accommodations, and services you received in high school, including tutoring, testing, extended time, and location where services were provided and for which subjects:

You will need to contact your high school to request that your disabilities-related records be sent to the Student Disability Services office.

Have you worked with an academic success coach? When? Frequency? How did the coach help you? _____

Did you use auxiliary aids, adaptive equipment, or alternative format texts? If yes, please list: _____

Student Application to Request Accommodations and Services

Did you have accommodations for a non-ADHD medical condition or a physical/systemic illness or injury? Explain:

Did you work with a counselor or mental health provider? _____ If yes, during which grades? _____

College Entrance Examination(s)

Did you apply for accommodations on any of the following examinations? (Check all that apply.)

ACT _____ SAT _____ Advanced Placement _____ GRE _____ GMAT _____

Were any of your accommodation requests denied? If so, which ones? _____

For the SAT and ACT exams, please indicate the following:

<u>Test</u>	<u>Regular Time</u>	<u>Extended Time</u>	<u>Additional Accommodations Used</u>
SAT	<input type="checkbox"/>	<input type="checkbox"/>	_____
ACT	<input type="checkbox"/>	<input type="checkbox"/>	_____

ACADEMICS

What is your major? _____ Academic Adviser? _____

Have you changed your major since starting college? _____ If so, from which one? _____

Will you participate in extracurricular activities during school? (fraternity/sorority, campus clubs, athletics, etc.)

Yes _____ No _____ If "Yes" please describe and provide # of hours per week _____

Will you work during the school year? Yes No (circle) # hours per week: _____

Will you have more than one place of employment? _____

Do you plan on attending graduate school, and if so, what program? _____

Who referred you to our office or how did you find out about the office? _____

Do you work with a TCU Campus Life Dean? If yes, name of Dean: _____

Post-Secondary Data- (Community Colleges/Other Universities attended)

Are you a transfer student? _____ What semester did you start at TCU? _____

Grade Point Average: _____ # of Hours Completed: _____ Major: _____

Name of post-secondary school(s): _____

Dates attended: _____ Did you receive assistance from Disability Services? _____

TCU Box 297710

Web: <http://www.acs.tcu.edu/disability>

Student Disability Services
Fort Worth, TX 76129

disabilityservices@tcu.edu

Ph: 817-257-6567

Fax: 817-257-5358

Student Application to Request Accommodations and Services

What types of services/accommodations/auxiliary aids did you receive at previous colleges/universities?

What services and/or accommodations do you anticipate needing at TCU? _____

**You will need to contact previous colleges/universities attended to request accommodations records be sent to TCU's Disability Services.

Student signature _____ Date ____/____/____

Disabilities Specialist signature _____ Date ____/____/____