

**Office of Disability Services  
Student Questionnaire & Request for Academic Accommodations**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Preferred Name |  | | | | |
| Student ID (A#) |  | | | | |
| Date of Birth |  | | | | |
| Mobile Phone Number |  | | | | |
| Preferred Email |  | | | | |
| **Do you participate in the COPE or Experience VU Program?** | | | | YES | NO |
| **Do you participate in the STEP Program?** | | | | YES | NO |
| **Have you applied for scholarships?** | | | | YES | NO |
| **What is your current GPA?** | | | |  | |
| **Are you a Vocational Rehabilitation (VRS) client?** | | | | YES | NO |
| **If you are a VRS client, what is the name and office location of your counselor?** | | | | | |
| **Please circle the programs/services you are familiar with at Vincennes University:**  **Cope Experience VU STEP Student Success Center Counseling Center** | | | | | |
| **Which semester are you requesting accommodations:** | | FALL | SPRING | | SUMMER |

**Which life activities does your disability make difficult?**

|  |  |  |
| --- | --- | --- |
| breathing | YES | NO |
| concentrating | YES | NO |
| learning | YES | NO |
| reading | YES | NO |
| seeing | YES | NO |
| hearing | YES | NO |
| listening | YES | NO |
| walking | YES | NO |
| interacting with others | YES | NO |
| sitting | YES | NO |
| standing | YES | NO |
| performing manual tasks | YES | NO |
| speaking | YES | NO |
| caring for yourself | YES | NO |
| other (please list) | YES | NO |

**Which classroom activities does your disability impact?**

|  |  |  |
| --- | --- | --- |
| testing | YES | NO |
| taking notes | YES | NO |
| comprehending reading assignments | YES | NO |
| listening to lectures | YES | NO |
| sitting near people | YES | NO |
| participating in group work | YES | NO |
| staying awake in class | YES | NO |
| sitting for a full class session | YES | NO |
| manipulating objects | YES | NO |
| traveling to/from class | YES | NO |
| maneuvering in the classroom | YES | NO |
| tolerating smells/odors | YES | NO |
| attending class | YES | NO |

**Did you receive accommodations at your high school or previous college? If so, what accommodations did you use?**

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**What accommodations are you requesting to use associated with your VU classes?**

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**How many letters of accommodations do you need? (1 per class) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you used assistive technology (AT)? If so, please list the AT you have used.**

Do you require accessible furniture in your classrooms? YES NO

Adjustable tables? YES NO

Armless chairs? YES NO

Which buildings and rooms will you need accessible furniture?

**The following accommodations may take up to 60 days to make arrangements. It is important to schedule an appointment with the Director of Disability Services to discuss these services as soon as possible.**

Absence Verification YES NO

Alternative Textbook Format YES NO

Assistive Technology YES NO

Captioning YES NO

CART Services YES NO

Sign Language Interpreter YES NO

**Professor Notification and Release of Information**

*If you are requesting accommodations for your classes, you are responsible for notifying your professors and discussing your accommodations each semester. Once your accommodations are approved by Disability Services, a letter will be available for you to take to each of your professors. Please provide a signature (electronic accepted) and today’s date if you agree that Disability Services may speak to and work with your professors and other university staff to set up appropriate services and accommodations for your classes.*

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Student Signature Date*

Thank you for completing this student questionnaire. Please submit to the Office of Disability Services.

**Jill Steele**

**Director of Disability Services**[**ssteele@vinu.edu**](mailto:ssteele@vinu.edu) ***Phone (812)888-4502 Fax (812)888-2087***