



**Office of Diverse Abilities and Accommodations  
Dual Credit Student Questionnaire & Request for Academic Accommodations**

Name	
Preferred Name	
Student ID (A#)	
High School	
Date of Birth	
Mobile Phone Number	
Preferred Email	

**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

**Are you receiving accommodations at your high school? If so, what accommodations do 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:**

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## **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 the office of Diverse Abilities and Accommodations, a letter will be available for you to provide to each of your professors. Please provide a signature (electronic accepted) and today's date if you agree that Diverse Abilities and Accommodations may speak to and work with your professors and other university/high school staff to set up appropriate services and accommodations for your classes.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Thank you for completing this student questionnaire. Please submit the application and supporting documentation to the Administration Office at VU Jasper for processing.

**Mary Champion, Director of Student Services**  
**Vincennes University Jasper**  
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**Phone: (812) 482-3030**  
**Fax: (812) 481-5960**