

**Application for Services
Disability Services
Arkansas State University
870-972-3964/TDD 870-972-3965 for Services**

For Office Use Only ----Verification of Disability:
Date Disability Verified: _____
Verified by Whom (Name & Title) _____

Date _____
 New Student Prospective Student Anticipated semester of enrollment _____

Last name: _____ First: _____ Birth date: _____

ASU Student ID#: _____ SSN: _____ E-mail address _____

Local Address: _____ City: _____ State: _____

Zip: _____ Local Phone: _____ TDD: _____

Place of Employment: _____ Work phone: _____

Employment hours planned per week while enrolled: _____ Hours working now: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parents name: _____ Home phone number _____

In Emergency Notify: _____ Relationship: _____ Phone: _____

First Semester attended ASU _____ Semester applying for assistance: _____

How did you hear about this program? _____

Rehabilitation Counselor: _____ Phone: _____

ASU Counselor: _____ Academic Advisor _____

EDUCATION

Graduated High School, High School GPA _____ GED Date: _____

Current year in school: Freshman Junior Graduate School
 Sophomore Senior High School Classification
 Not currently in college

Hours completed at ASU: _____ Major: _____

Other colleges attended: _____

Dates attended: _____ Hours completed at other schools: _____

Amount of education planned:

Classes only; no certificate or degree Four year college degree
 One to two year certificate program Graduate or professional study beyond four years
 Two year college degree

ABOUT YOUR DISABILITY

What is your disability/disabilities and how would you describe each disability

Primary Disability: Secondary Disability:

- | | |
|--|--|
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Hard of Hearing |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Low Vision | <input type="checkbox"/> Low Vision |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Psychiatric/emotional | <input type="checkbox"/> Psychiatric/emotional |
| <input type="checkbox"/> Other medical | <input type="checkbox"/> Other medical |

Third Disability:

- Hard of Hearing
- Deaf
- Low Vision
- Blind
- Mobility Impairment
- Speech Impairment
- Learning disability
- Substance abuse
- Psychiatric/emotional
- Other medical

Disability resulted from: _____

Have you had this disability since birth: Yes No

State specific disability, how diagnosed, describe problems and symptoms of the condition.

Other medical information (as it pertains to your overall health): _____

Other Specialists/Physicians Name and Phone number: _____

Please check the services that may be applicable to you:

GENERAL SERVICES:

- Disability Parking
- Books on Tape
- Priority Registration
- ACT Special Testing
- Assistance with Registration
- Early Registration
- Self Advocacy skills
- Route planning & Mobility orientation
- Assistive devices/equipment loan
- Typist, proofreading
- Tutoring
- Other _____

TESTING SERVICES:

- Extended time
- Interpreter
- Large Print Tests Large print handouts
- Distraction-free room
- Use of computer
- Reader for exams
- Scribe for exams
- Special equipment needed

CLASSROOM SERVICE:

- Front row seating
- Taping lectures
- Physical assist in labs
- Table for Wheelchair
- Help identifying notetakers
- Assistance in labs
- Assistive listening device
- Large print handouts
- Physical setup in classroom
- Accom Needed _____

SERVICES/TECHNOLOGY/ASSISTIVE DEVICES YOU HAVE USED:

List the services that you used in public school (high school)

1. _____
2. _____
3. _____
4. _____

List the classes you received tutoring in

1. _____
2. _____
3. _____
4. _____

List the services that you used in other colleges and universities

1. _____
2. _____
3. _____
4. _____

List the different types of assistive devices you have used in the past

1. _____
2. _____
3. _____
4. _____

List the computer equipment (hardware and software) and assistive devices that you currently have access to for educational purposes

1. _____
2. _____
3. _____
4. _____

List computer programs you have been trained on

1. _____
2. _____
3. _____
4. _____

TECHNOLOGY/ASSISTIVE DEVICES YOU WOULD LIKE TO USE:

List any other computer equipment or assistive devices that can increase academic success

1. _____
2. _____
3. _____
4. _____

Scholarships received

1. _____ Dollar Amt _____
2. _____ Dollar Amt _____

EMERGENCY PROCEDURES

WE NEED SPECIFIC INSTRUCTIONS IN WAYS TO ASSIST YOU, THE STUDENT, IN EXITING A BUILDING IN AN EMERGENCY SITUATION.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- YES NO Can you walk without assistance?
 YES NO If you cannot walk without assistance, can you walk if assistance is provided?
- YES NO Can you hear a fire alarm?
- YES NO Can you maneuver stairs without assistance?
 YES NO If you cannot maneuver stairs without assistance, can you maneuver stairs if assistance is provided?
- YES NO Do you need to be carried?
- YES NO Do you need assistance exiting a building?
IF YES, PLEASE COMPLETE BELOW:

YOUR SUGGESTION: _____

YES NO Do you have seizures? If so, what type?
Special Instructions _____

YES NO Do you have a health condition that requires ASU personnel to have special instructions or prior knowledge of condition?
If yes, give specific instructions and other useful information _____

Attach brochures, flyers and other relevant printed information relative to your condition.

Student's Name _____

Local Address _____

Emergency contact person and phone number _____

Other emergency or medical information _____

Local physician and phone number _____

Please supply Disability Services with your schedule each semester if assistance is required to help you to exit a building during an emergency.

