

APPLICATION FOR DISABILITY SERVICES

Name: _____
 Last First M.I.

Student ID# : _____

Address: _____

Date of Birth: _____

Home Phone: _____

 City State Zip

Work/Cell Phone: _____

College E-mail Address: _____@_____

How did you learn about our services?

Program of study:

Advisor:

When will disability services need to start?

Are you currently a Vocational Rehabilitation Client?

Fall Spring Summer Year _____

No Yes; Who is your counselor? _____

Check all that apply:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Deaf | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Health Impairment | Dependence/Recovery |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Developmental | <input type="checkbox"/> Language Impairment | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Partial Sight | Disability | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Psychiatric Disability |
| <input type="checkbox"/> Other (Specify): | | Specify: _____ | Specify: _____ |
| _____ | | _____ | _____ |

1. In your own words, describe the specific impairment that might affect your success in college and why.

2. List the coping strategies and compensations you use to manage your disability.

3. If taking any medications, please list all medications and describe potential/ ongoing side effects.

4. In as much detail as possible, describe how the diagnosed condition is impacting and substantially limiting your ability to learn and life functions.

Did you have trouble learning to read when you were young? Yes____ No ____

At what age did you begin reading on your own? _____

Where you on an IEP/504 Plan in school? Yes____ No____ At what age did you begin receiving assistance? _____

Did you receive a high school diploma? Yes____ No____ GED? Yes____ No____ What year? _____

What subjects were difficult for you in high school? Why? _____

How did you compensate for these difficulties? _____

Do you have any college experience? Yes____ No____ If yes, where: _____

Dates attended: _____ Did you request accommodations at this institution? Yes____ No____

If so, please specify: _____

Is there other information you would like us to know?

I have discussed my disability and my accommodation needs, and I understand and agree any approved accommodations are appropriate in light of my disability. I understand if I wish additional services or changes to my accommodation plan, it is my responsibility to discuss this with a representative from the Disability Resources Office.

_____ I understand I must request services and accommodations each semester.

_____ I understand accommodations are not retroactive.

_____ I understand it is my responsibility to discuss with each instructor my specific accommodation plan for each class.

The information contained in this form is true and accurate to the best of my knowledge.

STUDENT SIGNATURE: _____ DATE: _____

Information regarding disability is kept confidential --- Form available in alternate format upon request

Disability Resources
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406-447-6952 -- fax 406-447-6397
disabilityresources@helenacollege.edu www.helenacollege.edu