



## Prospective Student Information Questionnaire

### Steps to Establish an Accommodation Plan:

1. Complete the Student Information Questionnaire form (below) and return it to the Office of Student Accessibility Resources by emailing [Selena.Meints@WilliamWoods.edu](mailto:Selena.Meints@WilliamWoods.edu) Be sure to fill out the form yourself thoroughly and accurately.
2. Schedule an introductory meeting with the Director of Student Accessibility Resources which will take about an hour. Bring a list of questions, and be prepared to talk about your disability and how it affects your learning. Students are encouraged to self-advocate for themselves, but are permitted to bring a guardian if they wish.
3. Be prepared to provide documentation of your disability (also referred to as third party documentation). Third party documentation may consist of an IEP/504 plan (however this is not sufficient enough documentation, but is helpful information to have on file), recent diagnostic evaluation, or a letter from a qualified professional that explains more about your disability and how your disability impacts you. This should not be more than five years old- preferably in the past year. Visit the ADA page on the William Woods website for more information.
4. If you receive academic accommodations you will need to set up appointments with your professors, preferably during their office hours in the first two weeks of class. Present your professor with your accommodation letter (also known as the "Blue Card") and have a conversation about your accommodations to develop a plan for the semester.

Questionnaire is below.

## Office of Student Accessibility Resources Student Information Questionnaire

Name

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Today's Date:

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Current Address:

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Phone #: \_\_\_\_\_ Student ID: \_\_\_\_\_

Reason for visit (check all that apply):

- I have a disability and I am requesting accommodations
- I think I might have a disability
- I was referred by a parent, provider, faculty, or staff member

Student Status (check all that apply):

- Incoming  Current  Transfer  Online
- Freshman  Sophomore  Junior  Senior  Graduate

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Semester Applying for: \_\_\_\_\_  Part Time Student  Full Time Student

Disability(ies) (check all that apply):

- Cognitive (e.g. ADHD, Brain Injury)  Health (e.g. Heart Disease)  Hearing
- Learning (e.g. Dyslexia)  Neurological (e.g. Mental Health)  Dexterity/Mobility

Speech/Language  Vision

Other: \_\_\_\_\_

Do you receive Vocational Rehabilitation Services (VR)?  YES  NO

If yes, who is your counselor? \_\_\_\_\_

Do you receive Rehabilitation Services for the Blind (RSB)?  YES  NO

If yes, who is your counselor? \_\_\_\_\_

Do you currently meet with a mental health professional?  YES  NO

If yes, who is your counselor? \_\_\_\_\_

Do you meet with any medical providers? (Primary doctor, psychiatrist, neurologist, optometrist, etc.):

\_\_\_\_\_

Do you agree to information being obtained from the Office of Health and Counseling Services in the event that a student utilizes these services?

Yes  No

Do you agree to limited information being released to the Office of Health and Counseling Services in the event that the student is registered with both offices and a counselor would like to review the student's accommodations?

Yes  No

Do you have documentation on your disability that you can provide to the university? *\*IEP and 504 Plans are not considered proper documentation-they are only supplemental.*

Yes  No (I need a referral for diagnostic testing or a medical provider)

How and when was your disability diagnosed and documented?

Describe how your disability currently impacts you in:

School:

Work:

Social/Personal:

If you have used accommodations in the past, what have you used?

What accommodations are you requesting (e.g. adaptive equipment, note taking, classroom/lab assistant, extended time on exams, housing, interpreters, etc.)?

If applicable, list the housing accommodations you are requesting for living on campus (e.g. wheelchair accessible, visual alarms, private bathroom, etc.)?

**Student Name (Print)** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Student Accessibility Resources Release of Information

**PARENT/GUARDIAN RELEASE:** The following statement addresses the right of a student's individual privacy. In the event a parent, step-parent or guardian inquires about or calls on behalf of a student, the Office of Student Accessibility Resources must have a written release signed by the student to be able to speak with them. I give the Student Accessibility Office permission to speak with my parents, step-parents or guardians about me and my progress as a student registered in the Office of Student Accessibility Resources.

Agree

Disagree

Signature

Date

*Unless otherwise revoked, this authorization will remain in effect for the duration of my enrollment as a student at William Woods University.*