

WESTERN INSTITUTE FOR SOCIAL RESEARCH

Self-assessment and Disability Accommodations Questionnaire

Thank you for contacting WISR regarding disability accommodations. You must complete this form in order to request an academic accommodation. However, completing this form does not guarantee that you will be provided an accommodation. You MUST provide professional documentation to support your disability in order to qualify for an academic accommodation. It is also your responsibility to schedule an appointment with WISR's CEO or Chief Academic Officer to discuss your request.

I. Student Information

Date: _____

Name: _____

Address: _____

street

city

state

zip code

Home Phone: _____ Cell Phone: _____

DOB: _____

E-mail Address: _____

Program of study:

___ Non-degree studies Add degree level (circle one): MS, EdD

___ MS in Education and Community Leadership

___ MS in Psychology

___ EdD in Higher Education and Social Change

II. Academic History

1. When did you graduate from High School?

2. Diploma type: Standard Special GED None

3. Test Scores:

Reading Score: _____ Test Used: _____ Date: _____

Writing Score: _____ Test Used: _____ Date: _____

Math Score: _____ Test Used: _____ Date: _____

Other relevant tests (Name and Attach to this Self-Assessment):

4. Did you receive any of the following services in High School and/or at Previous Colleges?

Resource Room (how much time per week) _____

Remedial Class(es): What subject(s) _____

Special Ed Class(es): What class(es) _____

Speech/Language:(how much time per week) _____

Physical Therapy; (how much time per week) _____

Occupational Therapy: (how much time per week) _____

5. Did you use accommodations in High School and/or Previous Colleges? No yes
If yes please list:

III. Disability Related Information

Please answer the following questions about your disability and how it may impact your ability to learn, attend or participate in SCHOOL NAME.

1. Please identify your diagnosed disability. Check all that apply:

Learning Disability(Please specify) _____

Communication/Speech Impairment Attention Deficit/Hyperactivity Disorder

Visual Impairment or Blindness Deaf or Hard of Hearing

Chronic Medical Condition (Please specify) _____

Autism/Asperger's Syndrome Acquired or Traumatic Brain Injury

Physical/Mobility Impairment _____

Neurological (Please specify): _____

Psychiatric/Psychological Disability: _____

Temporary Injury/Condition: (please specify): _____

Other (please specify): _____

2. How does your disability affect you in an online classroom? (Please be as detailed as possible)

Does your disability affect you in an onsite classroom or meeting, should you choose to do that at WISR?

3. List courses or areas that your disability does not negatively impact you.

4. What are your strengths?

5. What are your weaknesses?

6. Do you take medications which cause side effects that affect you academically? If yes, please list.

7. Are you a client of any rehabilitation agency? If yes, please identify which agency:

Counselors name: _____ Email address: _____

Phone: _____ Fax: _____

IV. Support Services/Academic Adjustments

List the accommodations that you are requesting: _____

V. Confidentiality

I, (name) _____ understand that the information shared with SCHOOL NAME AND DEPARTMENT can be shared with others at the institution on a "need-to-know" basis and otherwise will be kept confidential unless disclosure is authorized by me or required by law.

By signing this form, I hereby verify that the information I have provided is true and accurate.

Student Signature: _____ Date: _____

Received by: _____ Date: _____

WISR Title _____