

## Disability Support Services - Student Application

Please note that your request for services will not be reviewed until a completed application and documentation are received by the DSS office. Documentation and evaluation information will not be released without the signed consent of the student or under compulsion of legal process.

Personal Information			
Today's Date:	Start Term:	Expected Graduation Term:	
Name _____			
First	Middle	Last	Preferred Name
Student ID: M	Birth Date:	Gender:	
Contact Information			
Cell phone:		Home Phone:	
Email:			
Local Address			
Local address:			MSU residence hall?
City:	State:	Zip:	
Permanent Address			
Permanent address (if different than local):			
City:	State:	Zip:	
Additional Information			
<b>Primary Disability:</b>			
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Blind/Visual	<input type="checkbox"/> Chronic Health
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Neurological/Cognitive	<input type="checkbox"/> Other
<input type="checkbox"/> Physical	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Speech/Language	
<b>Secondary Disability(ies):</b>			
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Blind/Visual	<input type="checkbox"/> Chronic Health
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Neurological/Cognitive	<input type="checkbox"/> Other
<input type="checkbox"/> Physical	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Speech/Language	
Other Disability or Note:			
Seeking Degree:			Major:

<b>Affiliation(s):</b> <input type="checkbox"/> Department for Blind Services <input type="checkbox"/> Department for Assistive and Rehabilitative Services (DARS) <input type="checkbox"/> Disability Social Security <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> Other _____	
<b>Ethnicity(ies):</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
<b>Campus Location(s):</b> <input type="checkbox"/> Distance Education <input type="checkbox"/> Dual Credit Campus <input type="checkbox"/> Main Campus	
Additional notes:	
<b>Prior Accommodations</b>	<b>Requesting Accommodations at DSS</b>
Please select accommodations and services that you have received prior to registering with the DSS office. This can be accommodations and services provided at your High School or other College/University. MSU is not obligated to honor disability accommodations from previous institutions.	Please select accommodations you are requesting with the DSS office and have documentation establishing your eligibility. Academic requirements that are essential to the program or directly related licensing/certification requirements will not be modified, substituted, or waived.
<b>Alternative Testing:</b> <input type="checkbox"/> Calculator <input type="checkbox"/> Computer/PC <input type="checkbox"/> Extended Time <input type="checkbox"/> Quiet/Non-Distractive Testing Environment <input type="checkbox"/> Reader/Screen Reading Technology <input type="checkbox"/> Scribe or Typist <input type="checkbox"/> Spell Check /Dictionary	<b>Alternative Testing:</b> <input type="checkbox"/> Calculator <input type="checkbox"/> Computer/PC <input type="checkbox"/> Extended Time <input type="checkbox"/> Quiet/Non-Distractive Testing Environment <input type="checkbox"/> Reader/Screen Reading Technology <input type="checkbox"/> Scribe or Typist <input type="checkbox"/> Spell Check /Dictionary
<b>Alternative Formats:</b> <input type="checkbox"/> Braille <input type="checkbox"/> Large Print	<b>Alternative Formats:</b> <input type="checkbox"/> Braille <input type="checkbox"/> Large Print
<b>Deaf and Hard of Hearing:</b> <input type="checkbox"/> Captioned Audio/Video Materials <input type="checkbox"/> FM/Loop System <input type="checkbox"/> Instructor Face Student when Speaking <input type="checkbox"/> Real Time Captioning (CART) <input type="checkbox"/> Repeat Questions from Class for Student <input type="checkbox"/> Sign Language Interpreter	<b>Deaf and Hard of Hearing:</b> <input type="checkbox"/> Captioned Audio/Video Materials <input type="checkbox"/> FM/Loop System <input type="checkbox"/> Instructor Face Student when Speaking <input type="checkbox"/> Real Time Captioning (CART) <input type="checkbox"/> Repeat Questions from Class for Student <input type="checkbox"/> Sign Language Interpreter
<b>Other:</b> <input type="checkbox"/> Adaptive Software <input type="checkbox"/> Additional Notification to Faculty <input type="checkbox"/> Books in Alternative Format <input type="checkbox"/> Limited Lifting <input type="checkbox"/> Limited Walking <input type="checkbox"/> Precautions with Chemicals/Odors	<b>Other:</b> <input type="checkbox"/> Adaptive Software <input type="checkbox"/> Additional Notification to Faculty <input type="checkbox"/> Books in Alternative Format <input type="checkbox"/> Limited Lifting <input type="checkbox"/> Limited Walking <input type="checkbox"/> Precautions with Chemicals/Odors

<p><b>Classroom Access:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Accessible Classroom</li> <li><input type="checkbox"/> Accessible Fieldtrips</li> <li><input type="checkbox"/> Accessible Furniture: Chair/Table</li> <li><input type="checkbox"/> Classroom/Lab Assistant</li> <li><input type="checkbox"/> Extended Time on All In-class Writing Assignments</li> <li><input type="checkbox"/> Handouts/Copies in Advance</li> <li><input type="checkbox"/> Intake of Food/Drink</li> <li><input type="checkbox"/> Laptop in Classroom</li> <li><input type="checkbox"/> Leniency on Tardy/Absence Policies when Educationally Feasible</li> <li><input type="checkbox"/> May Have Health Emergency</li> <li><input type="checkbox"/> May Need to Stand/Take Short Breaks During Class</li> <li><input type="checkbox"/> Preferential Seating</li> <li><input type="checkbox"/> Recording Technology (Recorder, Smartpen, etc.)</li> <li><input type="checkbox"/> Service Animal</li> <li><input type="checkbox"/> Supplemental Note-Taking Assistance</li> </ul>	<p><b>Classroom Access:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Accessible Classroom</li> <li><input type="checkbox"/> Accessible Fieldtrips</li> <li><input type="checkbox"/> Accessible Furniture: Chair/Table</li> <li><input type="checkbox"/> Classroom/Lab Assistant</li> <li><input type="checkbox"/> Extended Time on All In-class Writing Assignments</li> <li><input type="checkbox"/> Handouts/Copies in Advance</li> <li><input type="checkbox"/> Intake of Food/Drink</li> <li><input type="checkbox"/> Laptop in Classroom</li> <li><input type="checkbox"/> Leniency on Tardy/Absence Policies when Educationally Feasible</li> <li><input type="checkbox"/> May Have Health Emergency</li> <li><input type="checkbox"/> May Need to Stand/Take Short Breaks During Class</li> <li><input type="checkbox"/> Preferential Seating</li> <li><input type="checkbox"/> Recording Technology (Recorder, Smartpen, etc.)</li> <li><input type="checkbox"/> Service Animal</li> <li><input type="checkbox"/> Supplemental Note-Taking Assistance</li> </ul>
<p><b>Housing:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Emotional Support Animal</li> </ul>	<p><b>Housing:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Emotional Support Animal</li> </ul>
<p><b>Additional Questions</b></p>	
<p>Secondary School(s) Academic History: please list all schools, date of attendance, and disability related serves used.</p>	
<p>College/University(ies) Academic History: please list all schools, date of attendance, and disability related serves used.</p>	
<p>Physician's and/or Therapist's Name and Address:</p>	
<p>Date of diagnosis:</p>	
<p>Insurance:</p>	
<p>Medications (please list all medications you are currently taking):</p>	

I understand that in order for the DSS office to verify my disability DSS must obtain pertinent student evaluations, psychological reports, transcripts, and medical reports. I understand that no one other than DSS personnel has immediate access to my DSS files, and that any information regarding my disability shall be considered confidential and will only be shared with on a need-to-know basis.

Agree

Additional Note or Comment:

If your disability impairs taking notes, describe your specific difficulty when taking notes.

If your disability impairs reading textbooks, describe your specific difficulty when reading textbooks.

If your disability impairs taking tests, describe your specific difficulty when taking tests.

Describe your interests and strengths outside the classroom (example, what extra-curricular activities do you enjoy and perform well?).

Describe your professional/career goals.

Describe how your disability affects you outside the classroom.

Describe your comfort level with your discussing your disability with MSU faculty and staff members.

How did you learn about DSS services?

- ADA statement on course syllabus    Adult rehabilitation agency    Another student    College instructor  
 College staff    High school    College catalog/course schedule    Parent    Self    Website  
 Other \_\_\_\_\_

Emergency Contact (please include relationship, address, phone, and email):

What is the best way to contact you?    Email    Cell Phone    Home Phone    Other: \_\_\_\_\_