

**DISABILITY SUPPORT SERVICES  
COGNITIVE DISABILITY  
SUPPLEMENTAL STUDENT REGISTRATION FORM**

**In order to receive accommodations, please submit a copy of your documentation regarding your disability with this form. Documentation guidelines are available upon request. Documentation must be received before your registration is complete.**

Date: \_\_\_\_\_

**I BIOGRAPHICAL INFORMATION**

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
*First Last*

**II DISABILITY INFORMATION (answers may be typed if you prefer)**

Nature of learning difficulty:

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Have you been taught any compensation strategies for your learning difficulties? Explain.

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Describe what accommodations or services that you think you will need. Why?

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LEARNING MODE: HOW DO YOU LEARN BEST? PLEASE RANK EACH GROUP (1 BEST-4 WORST)

\_\_\_\_ Lectures, Recordings (Auditory)                      \_\_\_\_ Movies, TV , Computer (Multi-sensory)  
\_\_\_\_ Books, Workbooks, Handouts, Diagrams, (Visual)      \_\_\_\_ Modules, Experiments (Tactile)

### III ACADEMIC HISTORY

Grade School:

Were you in Special Ed. classes?      Yes      No

Were you in Remedial reading / math?      Yes      No

Did you have retention difficulties then?      Yes      No

Did you have any social difficulties?      Yes      No

What were your strengths and weaknesses? \_\_\_\_\_  
\_\_\_\_\_

High School:

What was your overall GPA: \_\_\_\_\_ What was your class standing? \_\_\_\_\_

List all math courses completed in HS and the grade you received in the class?

Course	Grade in Course	Tutor: Yes	No	Accommodations used: Yes	No
_____	_____	Tutor: Yes	No	Accommodations used: Yes	No
_____	_____	Tutor: Yes	No	Accommodations used: Yes	No
_____	_____	Tutor: Yes	No	Accommodations used: Yes	No
_____	_____	Tutor: Yes	No	Accommodations used: Yes	No

List all Foreign Language courses completed in HS?

Course	Grade in Course	Tutor: Yes	No	Accommodations used: Yes	No
_____	_____	Tutor: Yes	No	Accommodations used: Yes	No
_____	_____	Tutor: Yes	No	Accommodations used: Yes	No
_____	_____	Tutor: Yes	No	Accommodations used: Yes	No
_____	_____	Tutor: Yes	No	Accommodations used: Yes	No

SAT Scores? Reading: \_\_\_\_\_ Writing: \_\_\_\_\_ Math: \_\_\_\_\_

ACT Scores: \_\_\_\_\_

Which classes did you do well in: \_\_\_\_\_

Which classes did you not do well in: \_\_\_\_\_

Which classes did you enjoy: \_\_\_\_\_

Which classes did you not like: \_\_\_\_\_

### IV ASSISTIVE TECHNOLOGY

Have you used assistive technology before?      \_\_\_ Yes      \_\_\_ No

If yes, which of the following have you used:

\_\_\_ Read & Write Gold (TextHelp)    \_\_\_ Inspiration    \_\_\_ Kurzweil    \_\_\_ DAISY Books/Reader  
\_\_\_ Recorded Books    \_\_\_ Smartpen

How familiar are you with the above software (scale 1 low; 5 high)      1 2 3 4 5

On a scale of 1-5, how would you rate your general computer skills  
(1- I only use Microsoft Word; 5 – I build my own computers)?      1 2 3 4 5

Do you want to learn more about assistive technology?      \_\_\_ Yes      \_\_\_ No

If yes, are you PC or Mac user      \_\_\_ PC      \_\_\_ MAC

V ANALYSIS OF SKILLS

A Reading Skills

Yes No

- 1. Did you experience frustration learning to read?
- 2. Is figurative language unclear (analogies, metaphors, etc.)?
- 3. Do you have difficulty with comprehension?
- 4. Do you have any easy time remembering what you read?
- 5. Do you read for pleasure?  
What types of things do you like to read? \_\_\_\_\_
- 6. Do you have problems processing visual material?  
\_\_\_ reversing letters/ numbers    \_\_\_ omitting letters    \_\_\_ adding letters  
\_\_\_ confusing similar words    \_\_\_ skipping lines    \_\_\_ focusing on a page
- 7. What is your reading rate?  
 Fast     Slow     Somewhere in-between

B Writing Skills

Yes No

- 1. Do you experience problems retrieving words you already know?
- 2. Is your spelling inconsistent?
- 3. Do you have trouble organizing your ideas and thoughts?
- 4. Do you have difficulty copying from the board, overhead or book?
- 5. Do you have trouble putting your ideas down on paper?
- 6. Do you think you write legibly?
- 7. Do you experience problems with the mechanics of writing?  
(Check all that apply) \_\_\_ grammar \_\_\_ capitalization  
\_\_\_ sentence structure    \_\_\_ punctuation    \_\_\_ limited vocabulary
- 8. How would you characterize your writing skills? \_\_\_\_\_
- 9. Do you print or use cursive most of the time? \_\_\_\_\_
- 10. How would you characterize your notetaking skills? \_\_\_\_\_

C. Math Skills

Yes No

- 1. Do you confuse mathematical signs and symbols?
- 2. Do you have difficulty sequencing the steps in a task?
- 3. Do you have trouble with mathematical vocabulary?
- 4. Do you have difficulty with abstract concepts?
- 5. Do you make careless errors?
- 6. Are you able to complete homework assignments?
- 7. What is the highest level of math achieved? \_\_\_\_\_
- 8. Which of these areas of math give you the most difficulty?  
\_\_\_ word problems    \_\_\_ place value    \_\_\_ formulas    \_\_\_ decimals  
\_\_\_ fractions    \_\_\_ percent's    \_\_\_ estimation    \_\_\_ reasoning
- 9. Do you have a problem with basic math skills? (Check all that apply)  
\_\_\_ addition    \_\_\_ subtraction  
\_\_\_ multiplication    \_\_\_ division

VI LEARNING STYLE

A. Study Habits and Environment

**Yes No**

- 1. Do you have organizational problems?
- 2. Are you usually prepared for class?
- 3. Do you have trouble outlining?
- 4. Do you have trouble identifying steps in a task?
- 5. Do you have trouble taking notes?
- 6. Are you often unsure of what is important to write down or underline?
- 7. Do you have trouble integrating information from many sources?
- 8. Are you easily distracted/restless?
- 9. Do you ever respond without thinking?
- 10. Do you find studying in groups helpful?
- 11. How many hours a day do you study? \_\_\_\_\_
- 12. How long do you typically study for an exam? \_\_\_\_\_
- 13. How do you study for an exam?

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14. Where do you usually study? Have you tried other places?

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B. Learning

**Yes No**

- 1. Do you have problems processing auditory information?
- 2. Do you have problems following oral directions?
- 3. Do you ever miss verbal information?
- 4. Do you have problems processing visual information?
- 5. Do you have trouble making sense of what you see?
- 6. Are you comfortable reading college level textbooks?
- 7. Are you comfortable participating in group discussions?
- 8. Have you ever had a problem with general class attendance?
- 9. Do you have difficulty focusing on audio material?
- 10. Do you have difficulty focusing on visual material?
- 11. Do you have trouble finding the "right word" to describe something orally?
- 12. How do you compensate for your difficulties?

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C. Assignments

Yes No

- 1. Do you have difficulty completing worksheets?
- 2. Do you have difficulty writing short papers (2-3 pages)?
- 3. Do you have difficulty writing term papers (10-20 pages)?
- 4. Do you have difficulty conducting science experiments?
- 5. Do you have difficulty making art/media projects?
- 6. Do you have difficulty giving oral reports?
- 7. Do you have difficulty reading maps/charts/graphs?
- 8. Do you have difficulty sticking with an assignment until completion?
- 9. What other types of assignments do you have difficulty with?

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D. Tests

Yes No

1. Which of the following types of tests do you find difficult?

- |  |   |
|--|---|
| <input type="checkbox"/> Short Answer    | <input type="checkbox"/> Matching         |
| <input type="checkbox"/> Essay           | <input type="checkbox"/> Computation/Math |
| <input type="checkbox"/> Multiple-choice | <input type="checkbox"/> Oral Exams       |
| <input type="checkbox"/> True-False      | <input type="checkbox"/> Other: _____     |

2. Which of the following types of tests do you NOT find difficult?

- |  |   |
|--|---|
| <input type="checkbox"/> Short Answer    | <input type="checkbox"/> Matching         |
| <input type="checkbox"/> Essay           | <input type="checkbox"/> Computation/Math |
| <input type="checkbox"/> Multiple-choice | <input type="checkbox"/> Oral Exams       |
| <input type="checkbox"/> True-False      | <input type="checkbox"/> Other: _____     |

- 3. Do you get anxious or nervous before tests?
- 4. Do you think you prepare well for tests?
- 5. Do you often feel like you do not know how to prepare for tests?

VII GENERAL INFORMATION

A. Describe your greatest academic/vocational strengths?

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B. Tell us a little bit about who you are and your other interests.

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C. Any other information that you think would be helpful for us to know:

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