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?

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<thead>
<tr>
<th>Course</th>
<th>Grade in Course</th>
<th>Tutor: Yes/No</th>
<th>Accommodations used: Yes/No</th>
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List all Foreign Language courses competed in HS?

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<th>Accommodations used: Yes/No</th>
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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 a 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?

________________________________________________________________________

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

________________________________________________________________________

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?

________________________________________________________________________
C. Assignments

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

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<tr>
<td>1. Which of the following types of tests do you find difficult?</td>
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<td>2. Which of the following types of tests do you NOT find difficult?</td>
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<td>3. Do you get anxious or nervous before tests?</td>
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<td>4. Do you think you prepare well for tests?</td>
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<td>5. Do you often feel like you do not know how to prepare for tests?</td>
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VII GENERAL INFORMATION

A. Describe your greatest academic/vocational strengths?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
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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