

**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:

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

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

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: _____ Accommodations: With or Without

ACT Scores: _____ Accommodations: With or Without

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 are 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

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?

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

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