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.

___________________________________________________________________________________

___________________________________________________________________________________

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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?

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade in Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tutor: Yes  No</td>
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<tr>
<td></td>
<td>Tutor: Yes  No</td>
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<tr>
<td></td>
<td>Tutor: Yes  No</td>
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<td></td>
<td>Tutor: Yes  No</td>
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</tbody>
</table>

List all Foreign Language courses competed in HS?

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade in Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Tutor: Yes  No</td>
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</tbody>
</table>

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  2  3  4  5  (1 - I only use Microsoft Word; 5 – I build my own computers)?

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Did you experience frustration learning to read?</td>
</tr>
<tr>
<td></td>
<td>2. Is figurative language unclear (analogy, metaphors, etc.)?</td>
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<tr>
<td></td>
<td>3. Do you have difficulty with comprehension?</td>
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<td></td>
<td>4. Do you have any easy time remembering what you read?</td>
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<td></td>
<td>5. Do you read for pleasure?</td>
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<td></td>
<td>What types of things do you like to read? ________________</td>
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<td></td>
<td>6. Do you have problems processing visual material?</td>
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<tr>
<td></td>
<td>___ reversing letters/numbers ___ omitting letters ___ adding letters</td>
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<tr>
<td></td>
<td>___ confusing similar words ___ skipping lines ___ focusing on a page</td>
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<tr>
<td></td>
<td>7. What is your reading rate?</td>
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<tr>
<td></td>
<td>□ Fast □ Slow □ Somewhere in-between</td>
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</table>

B  Writing Skills

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>1. Do you experience problems retrieving words you already know?</td>
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<tr>
<td></td>
<td>2. Is your spelling inconsistent?</td>
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<tr>
<td></td>
<td>3. Do you have trouble organizing your ideas and thoughts?</td>
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<tr>
<td></td>
<td>4. Do you have difficulty copying from the board, overhead or book?</td>
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<tr>
<td></td>
<td>5. Do you have trouble putting your ideas down on paper?</td>
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<tr>
<td></td>
<td>6. Do you think you write legibly?</td>
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<td></td>
<td>7. Do you experience problems with the mechanics of writing?</td>
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<tr>
<td></td>
<td>(Check all that apply) ___ grammar ___ capitalization</td>
</tr>
<tr>
<td></td>
<td>___ sentence structure ___ punctuation ___ limited vocabulary</td>
</tr>
<tr>
<td></td>
<td>8. How would you characterize your writing skills? ________________</td>
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<tr>
<td></td>
<td>9. Do you print or use cursive most of the time? ________________</td>
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<tr>
<td></td>
<td>10. How would you characterize your notetaking skills? ________________</td>
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</table>

C. Math Skills

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Do you confuse mathematical signs and symbols?</td>
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<tr>
<td></td>
<td>2. Do you have difficulty sequencing the steps in a task?</td>
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<tr>
<td></td>
<td>3. Do you have trouble with mathematical vocabulary?</td>
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<td></td>
<td>4. Do you have difficulty with abstract concepts?</td>
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<tr>
<td></td>
<td>5. Do you make careless errors?</td>
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<td></td>
<td>6. Are you able to complete homework assignments?</td>
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<td></td>
<td>7. What is the highest level of math achieved? ________________</td>
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<tr>
<td></td>
<td>8. Which of these areas of math give you the most difficulty?</td>
</tr>
<tr>
<td></td>
<td>___ word problems ___ place value ___ formulas ___ decimals</td>
</tr>
<tr>
<td></td>
<td>___ fractions ___ percent’s ___ estimation ___ reasoning</td>
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<tr>
<td></td>
<td>9. Do you have a problem with basic math skills? (Check all that apply)</td>
</tr>
<tr>
<td></td>
<td>___ addition ___ subtraction</td>
</tr>
<tr>
<td></td>
<td>___ multiplication ___ division</td>
</tr>
</tbody>
</table>

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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?

D. Tests

Yes  No
☐  ☐  1. Which of the following types of tests do you find difficult?

   ___ Short Answer   ___ Matching
   ___ Essay          ___ Computation/Math
   ___ Multiple-choice ___ Oral Exams
   ___ True-False    ___ Other: ____________

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

   ___ Short Answer   ___ Matching
   ___ Essay          ___ Computation/Math
   ___ Multiple-choice ___ Oral Exams
   ___ True-False    ___ 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.

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

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