QUESTIONNAIRE FOR STUDENTS WITH PERVERSIVE DEVELOPMENTAL DISORDERS
(Including Asperger’s Disorder, Autistic Disorder, and Pervasive Developmental Disorder Not Otherwise Specified)

In an effort to best assess and meet the needs of students with Asperger’s Syndrome and other Autism Spectrum Disorders at The Catholic University of America, we ask that you fill out the following questionnaire prior to an appointment with a Disability Specialist. This questionnaire exists to help DSS gather additional information, from a personal perspective, about how you see your diagnosis impacting your academic and personal life. The questions will also give you a picture of routine situations you may encounter at the University.

Please have a parent, spouse, counselor or someone who knows you well review this with you after filling it out. Please give as much information as possible.

Upon completion, mail or fax to:

Disability Support Services
The Catholic University of America
620 Michigan Ave NE
207 Pryzbyle Center
Washington, DC 20064
202-319-5211 phone
202-319-5126 fax

Upon receipt, Disability Services will contact you to schedule an appointment with you and a person who knows you well in order to review documentation, explain the role of Disability Services and discuss a plan for support while attending the University.

****************************************************************************************************
Contact Information:
Name: _________________________________ Date: ________________
Phone: _________________________________
Email: _________________________________
Individual assisting with questionnaire: _______________________________
Relationship to student _______________________________

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Disability/Assessment information

How would you describe your diagnosis and how it affects you to others?

What support services or accommodations have you used in the past?

What accommodations are you requesting at CUA?

Interests/Skills

Do you have a particular hobby or specific area of interest? Please describe.

What are your career plans?

What do you consider your greatest strength or what you are good at?

What do you consider a weakness or something you find difficult?

Housing Needs

Describe your current living arrangement (i.e. with parents, in dorm, with roommate etc)

Where do you plan to live while attending college? With whom?

Describe your living habits (i.e. privacy, personal space needs, orderliness, etc.)
Are you able to manage your personal care needs independently (i.e. laundry, cleaning, waking-up)?

Do you have particular dietary needs/preference? Please describe.

<table>
<thead>
<tr>
<th>Transportation</th>
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<tbody>
<tr>
<td>Do you drive?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you use public transportation?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are you familiar with the DC Metro system?</td>
<td>Yes</td>
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How will you get to your classes? Around campus?

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<tr>
<th>Support Network</th>
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<tbody>
<tr>
<td>Please identify the daily life management tasks that your support people currently assist you with. For example: doing your laundry, making your appointments, buying your groceries, etc.</td>
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</table>

Who will be the support persons available to you on an ongoing basis while you are at college? Examples: parent, spouse, therapist/counselor, coach, etc.

What kinds of things do these people currently provide for you (i.e. what roles do each play)?
Sensory Integration
Are you sensitive to certain stimuli? If so, please describe any difficulties with the following:

- Lights or visual disturbance
- Odors
- Noise
- Touch
- Tastes/Textures

Other...please explain_________________________

Stress Tolerance
What particular situations trigger a stress response in you?

What do you do or what do you do to cope when you become:

- Fearful
- Angry
- Frustrated

Do you use manipulatives, comfort objects or repetitive behaviors to reduce your stress or anxiety? If so, please describe.

Please rate on a scale from 1-10 the following examples of day-to-day changes you may encounter as a student based on your ability to manage the stress it may cause you.

- No big deal – 1,2,3
- Anxious, but ok- 4,5,6
- Extreme anxiety or panic- 7,8,9
- Impossible- 10

- The seat you usually sit in is taken when you get to class.
- You have to look for a different parking spot every day.
- The professor has left a note on the classroom door explaining that class will be held in an alternative building today.
- You are called upon in class to discuss a reading with a student next to you.
- The bookstore does not have the book you need when you arrive to purchase it.
- Your professor announces a pop quiz when you enter the room.
- Your roommate ate food that belonged to you which was in your shared refrigerator.
- The bus you are riding forgets to stop at your stop to let you off.
- You must walk through a very crowded hallway every time you need to get to your classroom.
- The grade you get on your first paper (you thought was A quality) is a C- and the professor instructs you to see him about it.
### Fine Motor/Dexterity

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Do you use a computer?</td>
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<td></td>
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<tr>
<td>Do you own a laptop?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, are you bringing it to school?</td>
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<td></td>
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<tr>
<td>Is your handwriting legible?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you take good notes during a lecture?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Spatial Issues

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Do you have trouble recognizing people’s faces?</td>
<td></td>
<td></td>
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<tr>
<td>Do you have difficulty navigating different environments or remembering directions? If so, what strategies do you use to help you? (maps, photos, etc.)</td>
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### Social Issues

| Question                                                      |         | |
|---------------------------------------------------------------|---------||
| Do you prefer spending time with your friends or spending time alone? |         |
| What activities do you like to do with others? (movies, computer games, baseball, etc)? |         |

When interacting with others, do you have difficulty:

- ☐ Monitoring your voice level?
- ☐ Knowing when to start or stop talking?
- ☐ Knowing how to begin, maintain or end a conversation?
- ☐ Making eye contact with others while talking?

How do you prefer to communicate (email, phone, in person) with the following groups:

- Instructors or support persons? Email Phone In-person
- Other students? Email Phone In-person
- Friends and/or family? Email Phone In-person
Time management/organization issues

Do you have difficulty starting projects or papers?

Do you have trouble using or structuring free time?

Do you have difficulty making appointments, remembering them or getting to them? If so, describe.

Do you use a planner, palm pilot or other organizational system?

How do you decide on the importance or priority of tasks? (i.e. studying different subjects)

Is your work/ study area organized/neat or disorganized/messy?

Disclosure/Advocacy

Whom do you plan to inform of your diagnosis at CUA?

Are you able to talk with an instructor, staff or teaching assistants about the impacts of your disability?

How would you like Disability Services to assist you with disclosure issues?

What do you think your greatest challenge or barrier to success at the college will be?

Are there any behaviors that you are aware of that others (instructors, classmates, others) might interpret as a little bit odd, different, disruptive, intrusive, scary or threatening?

Any additional information about yourself that you would like Disability Services to know:

Adapted from the University of Minnesota Disability Service Office with their permission