Office of Accommodative Services
Student Registration/Self Assessment Survey
(TO BE COMPLETED BY THE STUDENT)

Today’s Date:___________________     Start Date:____________________

I      Contact Information:

Name: ___________________________________________________________     A# ______________________

Contact # Primary: ________________________________ Contact# Secondary: _________________

E-Mail, Primary: ________________________________ Secondary: ________________________________

II      Current/Recent Environmental Impact of disability:

- Describe in as much detail as possible where you experience the greatest challenges/barriers impacting your ability to learn and assess (test):

Condition/Disability: _________________________________________________________________

Areas of Potential Impact and Strategies Utilized:

- Reading:

_____________________________________________________________________________________

_____________________________________________________________________________________

- Writing:

_____________________________________________________________________________________

_____________________________________________________________________________________

- Math:

_____________________________________________________________________________________

_____________________________________________________________________________________

- Time Management/Organization:

_____________________________________________________________________________________

_____________________________________________________________________________________

- Study Skills/Retention of Material:

_____________________________________________________________________________________

_____________________________________________________________________________________
• How have previously received accommodations and/or resource room supports that helped you?

_____________________________________________________________________________________________
_____________________________________________________________________________________________

• What accommodations are you requesting at this time and why?

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Regarding any physical or mental health condition, have you tried any medical or educational interventions (counseling, medication…) to mediate the impact? Please explain what these were and how they have helped or not helped.

_____________________________________________________________________________________________
_____________________________________________________________________________________________

**Please list any disability related medications you are taking:

Name:_________________________ Amount/Times per day: __________________________

Please explain how this medication helps:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Does this medication impact learning? If yes, please explain:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

III General Information:

Motivation:

Values/Interests:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Goals/Why are you here at DCC:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

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

_____________________________________________________________________________________________
_____________________________________________________________________________________________
IV What’s Your Experience:

**Please check the following areas where you feel you experience the greatest barriers/challenges to achieving your academic goals?**

<table>
<thead>
<tr>
<th>Test-Taking</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Multiple Choice</td>
<td>Essay</td>
<td>Reading questions</td>
<td>Writing Out Answers</td>
</tr>
<tr>
<td>In Classes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Course Attendance</td>
<td>Note-Taking</td>
<td>Listening/Focus</td>
<td>Speaking</td>
</tr>
<tr>
<td>Class Assignments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Papers</td>
<td>Presentations</td>
<td>Group Projects</td>
<td>Lab Projects</td>
</tr>
<tr>
<td>Homework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reading/comprehension</td>
<td>Writing/Typing</td>
<td>Research</td>
<td>Short-term memory</td>
</tr>
<tr>
<td>Under Time Constraints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time management</td>
<td>Short-term deadlines</td>
<td>Long-term assignments</td>
<td>Feeling anxious</td>
</tr>
<tr>
<td>Online</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reading online content</td>
<td>Viewing videos</td>
<td>Participating in chats</td>
<td>General accessibility</td>
</tr>
<tr>
<td>Other Times</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Housing</td>
<td>Social interactions</td>
<td>Computer use</td>
<td>Campus Activities</td>
</tr>
<tr>
<td>Courses Most Challenging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Math-based</td>
<td>Writing-based</td>
<td>Science-based</td>
<td></td>
</tr>
</tbody>
</table>

**Other comments or campus barriers not yet mentioned?**

(翕al)

<table>
<thead>
<tr>
<th>Technology you own? (Check all)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PC</td>
<td>PC Laptop</td>
<td>Mac</td>
<td>Mac Laptop</td>
<td>iPad</td>
<td>Android Phone</td>
</tr>
<tr>
<td></td>
<td>Dragon</td>
<td>Smart Pen</td>
<td>iPhone</td>
<td>Audio recorder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Are you interested in learning about apps that may help you in your academic work?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>