Student Registration/Self Assessment

Today’s Date: ________________ Start Date: ________________

I Contact Information:

Name: _____________________________________________ A# ____________________________

Contact # Primary: ____________________________ Contact# Secondary: ____________________________

E-Mail, Primary: ___________________________________ Secondary: ____________________________

II Current/Recent Impact of disability:

- Describe in as much detail as possible how the diagnosed condition is currently impacting and substantially limiting your ability to learn and assess (test).

____________________________________________________________________________________________

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____________________________________________________________________________________________

____________________________________________________________________________________________

- Have you been taught strategies/compensation skills for your learning difficulties? If yes please explain.

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____________________________________________________________________________________________

- How have previously received accommodations or supports that helped you?

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____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

- 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 Learning Mode: How you learn best? Please rank each group (1 best-4 worst)

_____ Lectures, readings (Auditory)  _____ Movies, TV, Computer (Multi-sensory)

_____ Books, Workbooks, Handouts, Diagrams, (Visual)  _____ Modules, Experiments (Tactile)

IV Academic History:

Were you in Special Ed./Inclusion Classes?   Yes  No

Were you in Remedial reading/math?   Yes  No

What were your strengths and weaknesses?

_____________________________________________________________________________________________

Did you have any social/communication difficulties?

_____________________________________________________________________________________________

What classes did you do well in?

_____________________________________________________________________________________________
What classes did you not do well in?

____________________________________________________________________________________________

Which classes did you enjoy?

____________________________________________________________________________________________

Which classes did you not enjoy?

____________________________________________________________________________________________

V Learning Style:

a) Study habits and Environment: (Mostly)

1. Do you have time management/organizational problems? Yes No
2. Are you usually unprepared for class? Yes No
3. Do you have trouble outlining? Yes No
4. Do you have trouble identifying steps in a task? Yes No
5. Do you have trouble taking notes? Yes No
6. Are you often unsure of what is important to write down or underline? Yes No
7. Do you have trouble integrating information from many sources? Yes No
8. Are you easily distracted/restless? Yes No
9. Do you ever respond without thinking? Yes No
10. Do you find studying in groups helpful? Yes No
11. How many hours a day 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 (Mostly)

15. Do you have problems processing auditory information? Yes No
16. Do you have problems following oral directions? Yes No
17. Do you ever miss verbal information? Yes No
18. Do you have problems processing visual information? Yes No
19. Do you have trouble making sense of what you see? Yes No
20. Are you uncomfortable reading a college level textbook? Yes No
21. Are you uncomfortable participating in group discussions? Yes No
22. Have you ever had problems with general class attendance? Yes No
23. Do you have trouble finding the “right word(s)” to describe something orally? Yes No
24. How do you compensate for your difficulties?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

25. Do you have difficulty completing worksheets? Yes No
26. Do you have difficulty writing short papers (2-3 pages)? Yes No
27. Do you have difficulty writing term papers (10-20 pages)? Yes No
28. Do you have difficulty conducting science experiments? Yes No
29. Do you have difficulty making art/media projects? Yes No
30. Do you have difficulty giving oral reports? Yes No
31. Do you have difficulty sticking with an assignment until completion? Yes No

d) Tests

32. Which of the following types of tests do you find difficult?
   
   Short answer _____  Essay _____  Multi-choice _____
   True-False _____  Computation/Math _____  Oral _____

33. Do you get anxious or nervous before tests? Yes No
34. Do you think you prepare well for tests? Yes No
35. Do you feel like you do not know how to prepare for tests? Yes No

VI General Information:

Describe your greatest academic/vocational strengths?
Tell us a little bit about who you are and your other interests.

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____________________________________________________________________________________

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

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