Self-Assessment Survey
(<mark>TO BE COMPLETED BY STUDENT</mark>)

Student: This self-assessment gives us a better understanding of what it's like to be you—*from your own perspec*tive—rather than the perspective of someone speaking *for* you. Please tell us about the barriers you experience in an educational setting, including effective and ineffective accommodations you may have utilized.

 Thank you in advance for completing independently, to the best of your ability.

Name: _____ A number: _____

Today's Date: ____/_____/____   Your Start Date at DCC: ____/____/____

Program/Major: _____ Will you be living on campus? Yes___ No___
Preferred Name, Nickname, Gender Pronouns? (He/Him, She/Her, They/Them, other) _____

Telephone number (_____) _____- _____   (best number to reach you/leave a message)
DCC Email Address: *This is your primary email, to be checked daily.*
_____

What is the name of your documented disability/disorder/condition? *(If more than one disability, which diagnosis has the greatest impact on your day-to-day life?)* _____
_____
_____

Do the effects of your disability/disorder/condition vary from day-to-day or generally remain the same? If they vary, how so? _____
_____
_____

What accommodations/supports are you currently using, or what have you used in the past? _____
_____
_____

Based on your understanding of the difference between high school and college-level disability services (see the **Transition to College** packet), what accommodations/supports are you requesting at DCC? _____
_____
_____

* NOTE: If you are enrolled in a major/program that requires participation in clinical or field work activities before graduating, we may need to discuss accommodations for those settings as well.

Next, we want to understand more about the impact of your diagnosed disability/medical condition/disorder on specific academic tasks and everyday activities. If your disability does *not* affect a listed task/activity, indicate "N/A."

What is the impact of your disability on **academic reading** and **reading retention**?
_____
_____

What is the impact on **academic writing**? (Research papers, projects, response essays, in-class writing assignments)
_____
_____

On **math?**

_____
_____

On **test-taking**?

_____
_____

On **note-taking** during a lecture?

_____
_____

On **interpersonal communication** and **social interaction**?

_____
_____

On **mobility/physical accessibility**? (Ex: navigating stairs, lifting heavy objects, working with lab equipment, etc.)

_____
_____

On **time management, organization,** or **planning**?

_____
_____

On **analysis, problem-solving,** and **critical thinking?**

_____
_____

On motivation?

_____
_____

On **retaining** and **retrieving information?**

_____
_____

Do you currently use any **assistive or adaptive technology** to support your academics? Yes____ No _____ (Ex: Dragon Naturally Speaking, Speechify, Read/Write, Grammarly, Kurzweil, Smart Pen, Otter.ai, E-Text, something else?)
If yes, circle or highlight which and explain. _____

What do you anticipate your **greatest academic challenge/obstacle** will be at DCC?

_____

What are your areas of **academic strength**? What skills/abilities are you confident in?

_____

Any other comments or barriers not yet mentioned?

_____
_____