Dutchess Community College - Office of Accommodative Services

**Self-Assessment Survey**

(TO BE COMPLETED BY STUDENT)

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. 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 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.*

Personal Email address:

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?

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