

**Student Disability Services**

3100 Burge Hall
Iowa City, Iowa 52242-1214
319-335-1462
Fax 319-335-3973

Request for Services and Documentation Review

Dear Student:

Thank you for your interest in the services offered by The University of Iowa's Office of Student Disability Services (SDS). It is important that you complete and return this application along with documentation of your disability. Please refer to the documentation guidelines for your disability for the specific requirements and necessary information required by our office.

- For current University of Iowa students, you should complete this application and submit documentation as soon as you are aware of a disability-related need for services. The completion of this form and submission of necessary documentation allows us to work with you in planning effective academic accommodations during your tenure as a student at The University of Iowa.
- For applicants to The University of Iowa, documentation review will not begin until spring or until confirmation of your intention to enroll at The University of Iowa.

Please note that your request for services will not be reviewed until a completed request form and documentation are on file at SDS. Information provided to SDS is considered confidential. Documentation and evaluation information will not be released outside of the academic community without the signed consent of the student or under compulsion of legal process. The SDS staff will verify that your documentation is on file at SDS and will discuss your accommodations only with faculty and University staff with a need to know.

I. GENERAL INFORMATION

Name _____ Male _____ Female _____

UI ID# _____ DOB _____

Ethnicity: Caucasian Latino/Latina Asian American African American Native American
 Multi-Ethnic/Racial Other _____

Local Address _____

City _____ State _____ ZIP _____

Local Phone _____ Cell Phone _____

Email Address _____

Preferred Contact Method _____ phone _____ cell phone _____ email

Do you wish to be on the SDS Listserve to get announcements? _____ yes _____ no

Permanent Address, if different from above:

Street _____

City _____ State _____ ZIP _____

Permanent Phone _____ Permanent Email Address _____

II. UI STATUS

Current U of I student: Freshman Sophomore Junior Senior Grad/Professional

Prospective Student:

Not Yet Admitted to U of I Prospective Transfer Student Prospective 1st Year Student

First Enrollment or Anticipated Entrance Date: Semester _____ (Spring, Fall, Summer) Year _____

III. ACADEMIC HISTORY

Secondary Schools Attended	Dates of Attendance From To	Disability-Related Accommodations/Services Used

Colleges/Universities Attended	Dates of Attendance From To	Disability-Related Accommodations/Services Used

IV. DISABILITY INFORMATION

To the best of your knowledge, please describe how your disability affects you. Include diagnosis as well as cause and date of onset.

How does your disability affect you academically?

How does your disability affect student life in general, like taking tests and studying?

What types of accommodation would help for your disability?

Do you work with a vocational rehabilitation counselor? Name _____

Address _____ Phone _____

V. DISABILITY-SPECIFIC INFORMATION Please check all that are applicable.

- | | | |
|---|--|--|
| <input type="checkbox"/> Blind | <input type="checkbox"/> Neurological | <input type="checkbox"/> Attention Deficit/
Hyperactivity |
| <input type="checkbox"/> Visually Limited | <input type="checkbox"/> Emotional/Psychological | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Chronic Medical Condition | _____ |
| <input type="checkbox"/> Hard-of-Hearing | <input type="checkbox"/> Traumatic Brain Injury | _____ |
| <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Learning Disability | |

A. If you have a learning disability, attention deficit disorder, health-related or psychiatric condition:

Nature of disability _____

Date of Diagnosis _____

What accommodations, if any, have you used for this disability? _____

B. If you are Deaf or have a hearing impairment:

Do you wear hearing aids? Yes _____ No _____ Do you use captioned media? _____

What types of other auxiliary aids have you used, if any? _____

What means of expression and receptive communication do you use? (check all that apply)

Oral Communication Speech Reading ASL PSE SEE

Speech-to-text transcription Other _____

C. If you have difficulty with mobility:

Do you use any of the following mobility aids? Prosthesis (specify) _____

Braces _____ Crutches _____ Cane _____ Manual Wheelchair _____

Motorized wheelchair/cart _____ Other (specify) _____

D. If you have a vision impairment or are blind:

Visual Acuity _____ None _____ Right Eye _____ Left Eye _____

Degree of Blindness: Total _____ Light Perception _____ Form Perception _____

Travel Aids: Cane _____ Dog Guide _____ Other _____

Previous Mobility Training: Location _____

When _____

How Long _____

VI. DOCUMENTATION

Please complete the information below for the documentation being submitted to our office.

Physician/Evaluator	Contact Number (phone)	Report Date(s)	Number of Pages

Student Signature: _____ **Date:** _____

Please send this completed form and documentation to:

**Student Disability Services
The University of Iowa
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