

# Application to Initiate Services

SOUTHERN ADVENTIST UNIVERSITY

## Disability Support Services

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ School Address: \_\_\_\_\_  
(one you check most)

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Can we leave a message? \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

Latest GPA: \_\_\_\_\_ Class Standing: FR SO JR SR GR Major: \_\_\_\_\_

Referred by: \_\_\_\_\_ Reason for referral: \_\_\_\_\_

Ethnicity (Circle One): Native American Pacific Islander Hispanic Black  
White, Non-Hispanic Asian Abstain Other

Is finding the time to study difficult? \_\_\_\_\_ Is reading comprehension difficult for you? \_\_\_\_\_

Is writing difficult? \_\_\_\_\_ Is math difficult? \_\_\_\_\_ Do you have trouble taking tests? \_\_\_\_\_

Why is test taking difficult? \_\_\_\_\_

Do time limits bother you? \_\_\_\_\_ How do you think you learn best? \_\_\_\_\_

Have you ever been to tutoring? \_\_\_\_\_ If so, what subjects? \_\_\_\_\_

Are you taking any medications? \_\_\_\_\_ If so, what are they? \_\_\_\_\_

Briefly explain any difficulties you are experiencing: \_\_\_\_\_

Assistance requested: \_\_\_\_\_

### RELEASE OF INFORMATION

I have truthfully completed the information contained in this application to the best of my ability. I understand this information will be used as part of an assessment of my intellectual, psychological, and physical abilities. I understand that having this assessment will not guarantee an accommodation or result in a diagnosis of a disability. I understand that I must request specific accommodation(s) for each of my classes and supply DSS with information about my classes and professors each semester. Accommodations will be determined by the Disability Services Accommodation Committee after consideration of documentation and my individual needs. **I authorize the personnel of DSS to disclose appropriate information with those on and off campus that have a legitimate safety and educational need to know.** I also authorize those individuals to relate to DSS my progress through their services. I realize and agree that for possible future research, the information collected in my file may be included in group data. Such data will be coded in a manner that does not identify me personally.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Witness signature (DSS worker) \_\_\_\_\_ Date: \_\_\_\_\_  
Witness (please print name)