

**Dixie State University
Disability Resource Center
Application for Services**



PERSONAL INFORMATION

Name: _____
DSU ID: _____ DOB: _____
Street Address: _____
City: _____ ST: _____ ZIP: _____ Gender: Male / Female
Phone: _____ Email address: _____

SCHOOL INFORMATION

When are you planning to start classes? _____
Have you attended DSU before? Yes/No If yes, when? _____
Did you receive DRC services? Yes / No. If yes, what services did you receive?

What is your major? _____
What is your career goal? _____
Have you met with DSU Academic Advisor? Yes / No If yes, Name of Advisor _____
High School Attended: _____
Were you in special education classes? Yes / No Do you have IEP Yes / No
List other colleges you have attended: _____ Year _____

PRESENTING CONCERN/DISABILITY INFORMATION

What is your most pressing concern as a student?

Have you been previously tested for learning problems? _____

If yes, how old were you when the condition was first diagnosed? _____

Please describe briefly what you were diagnosed with:

Are you currently registered or working with Vocational Rehabilitation? _____

If yes, please indicate the full name and contact information of your counselor

Family History

Have any of your siblings ever been diagnosed with learning/attentions problems? _____

If yes, please explain: _____

Have any of your siblings been treated for emotional concerns? _____

Have any of your parents been diagnosed with learning/emotional problems? _____

If yes, please explain: _____

Please describe how the condition you experience will limit or affect your activities at the college?

Please list academic resources or accommodations you believe will help you be successful in college.

(Please Review Carefully)

I recognize that the responsibility for requesting accommodations is mine, and it is necessary for me to communicate my needs clearly to each instructor, each semester, with sufficient notice. I also recognize that some accommodations may take at least four weeks to provide. I realize valid documentation is required before I can receive accommodations.

Student Signature

Date