



Engaging Minds. Embracing the World.

**Accessibility Services Application – Voluntary Disclosure Form** *(Please print information)*

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|                                 |                      |            |
|---------------------------------|----------------------|------------|
| Student Name _____              | Student ID _____     | Date _____ |
| Address _____                   | City/State/Zip _____ |            |
| Cell Phone _____                | Birth Date _____     |            |
| La Roche University Email _____ | Intended Major _____ |            |
|                                 | Advisor _____        |            |

**MEDICAL BACKGROUND**

Diagnosed disability/medical condition:

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Describe how your condition affects your academic performance?

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List any long-term medical problems and past or anticipated hospitalizations.

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List any medications you are taking and any related side effects.

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How do you rate your general health?

Excellent                      Good                      Fair                      Poor

**SUPPORT SERVICES**

From what schools and/or outside agencies have you received help in the past?

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List any colleges or universities you have attended in the past and the support from the accessibility services office you received.

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How do you currently manage your disability?

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Have you ever received tutoring? If so, for what subjects?

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List any accommodations and/or assistive technology used in the past.

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Please report whether you CAN DO, FIND DIFFICULT or CANNOT DO the following tasks related to college life and academics.

| TASK                           | CAN DO | FIND DIFFICULT | CANNOT DO | COMMENTS |
|--------------------------------|--------|----------------|-----------|----------|
| Group assignments              |        |                |           |          |
| Pay attention in class         |        |                |           |          |
| Take notes                     |        |                |           |          |
| Interact with others           |        |                |           |          |
| See                            |        |                |           |          |
| Hear                           |        |                |           |          |
| Understand information seen    |        |                |           |          |
| Understand information heard   |        |                |           |          |
| Memorize                       |        |                |           |          |
| Put thoughts into writing      |        |                |           |          |
| Use hands                      |        |                |           |          |
| Speak clearly                  |        |                |           |          |
| Sit for long periods           |        |                |           |          |
| Move around (standing/walking) |        |                |           |          |
| Tolerate stress                |        |                |           |          |
| Motivate self                  |        |                |           |          |
| Finish tests on time           |        |                |           |          |
| Complete assignments on time   |        |                |           |          |
| Spell                          |        |                |           |          |
| Understand what is read        |        |                |           |          |
| Read at a normal rate          |        |                |           |          |
| Math calculations              |        |                |           |          |
| Math word problems             |        |                |           |          |
| Manage time                    |        |                |           |          |
| Other:                         |        |                |           |          |
| Other:                         |        |                |           |          |

Please list the specific accommodations you are requesting at this time.

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**By signing below:**

- ✓ *I certify that all information provided is correct, and give permission to the Office of Accessibility Services of La Roche University to disseminate appropriate information to faculty and staff relevant to my needs at my written request.*
- ✓ *I understand that it is my responsibility to meet with each of my instructors to discuss the requested accommodations in this application.*
- ✓ *I understand that any limitations reported or accommodations requested on this form are subject to the information shared on the verification form or other documentation provided by a licensed professional in the area of my disability or medical condition.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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For office use only

Form received: \_\_\_\_\_ Verification received: \_\_\_\_\_ Request completed: \_\_\_\_\_