



Office of Diverse Abilities and Accommodations

Student Questionnaire & Request for Academic Accommodations

Name			
Preferred Name			
Student ID (A#)			
Date of Birth			
Mobile Phone Number			
Preferred Email			
Do you participate in the COPE or Experience VU Program?	YES	NO	
Do you participate in the STEP Program?	YES	NO	
Have you applied for scholarships?	YES	NO	
What is your current GPA?			
Are you a Vocational Rehabilitation (VRS) client?	YES	NO	
If you are a VRS client, what is the name and office location of your counselor?			
Please circle the programs/services you are familiar with at Vincennes University:			
Cope	Experience VU	STEP	Student Success Center Counseling Center
Which semester are you requesting accommodations:	FALL	SPRING	SUMMER

Which life activities does your disability make difficult?

breathing	YES	NO
concentrating	YES	NO
learning	YES	NO
reading	YES	NO
seeing	YES	NO
hearing	YES	NO
listening	YES	NO
walking	YES	NO
interacting with others	YES	NO
sitting	YES	NO
standing	YES	NO

performing manual tasks	YES	NO
speaking	YES	NO
caring for yourself	YES	NO
other (please list)	YES	NO

Which classroom activities does your disability impact?

testing	YES	NO
taking notes	YES	NO
comprehending reading assignments	YES	NO
listening to lectures	YES	NO
sitting near people	YES	NO
participating in group work	YES	NO
staying awake in class	YES	NO
sitting for a full class session	YES	NO
manipulating objects	YES	NO
traveling to/from class	YES	NO
maneuvering in the classroom	YES	NO
tolerating smells/odors	YES	NO
attending class	YES	NO

Did you receive accommodations at your high school or previous college? If so, what accommodations did you use?

What accommodations are you requesting to use associated with your VU classes?

How many letters of accommodations do you need? (1 per class) _____

Have you used assistive technology (AT)? If so, please list the AT you have used.

Do you require accessible furniture in your classrooms?	YES	NO
Adjustable tables?	YES	NO
Modified chairs?	YES	NO

The following accommodations may take up to 60 days to make arrangements. It is important to schedule an appointment with the Director of Diverse Abilities and Accommodations to discuss these services as soon as possible.

Absence Verification	YES	NO
Alternative Textbook Format	YES	NO
Assistive Technology	YES	NO
Captioning	YES	NO
CART Services	YES	NO
Sign Language Interpreter	YES	NO

Professor Notification and Release of Information

If you are requesting accommodations for your classes, you are responsible for notifying your professors and discussing your accommodations each semester. Once your accommodations are approved by the Office of Diverse Abilities and Accommodations, a letter will be available for you to give to each of your professors. Please provide a signature (electronic accepted) and today's date if you agree that the Office of Diverse Abilities and Accommodations may speak to and work with your professors and other university staff to set up appropriate services and accommodations for your classes.

Student Signature

Date

Thank you for completing this student questionnaire. Please submit to the Office of Diverse Abilities and Accommodations.

Jill Steele

Director of Diverse Abilities and Accommodations

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