



Office of Diverse Abilities and Accommodations

Student Questionnaire & Request for Accomplacer Accommodations

Name	
Preferred Name	
Student ID (A#)	
Date of Birth	
Mobile Phone Number	
Preferred Email	

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 the Accuplacer test?

Assessment Center Notification and Arranging Accommodations**Accommodation letter**

When the need for specific accommodations for a disability has been established, the Director of Diverse Abilities and Accommodations provides the student with a letter listing the approved accommodations. A copy of the letter, listing approved accommodations, will also be sent to the Vincennes University Assessment Center.

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

ss Steele@vinu.edu

Phone (812)888-4502 Fax (812)888-2087