

Request for Student ADA Service

Please provide all of the information requested, in order to enable the university to best meet your needs. If you need help completing this form, please phone Jolie McCoy (p: 394-1924). This form is available in taped and large print formats by request.

Please fill in the following information:

Date: _____

Name: _____

Date of Birth: _____ Social Security # _____

Current Address: _____
Street apt #

City State Zip Code

Phone: _____ TDD Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact Information:

Name: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Please check student status for current or upcoming semester:

- _____ Freshman
- _____ Sophomore
- _____ Junior
- _____ Senior
- _____ Graduate
- _____ Post Doctoral

Major: _____

Advisor: _____ Referred by: _____
If no referral put "Self"

Please list the names, title, addresses and phone numbers of each of your current physicians, therapists, counselors or other outside professional supporters below. Attach extra sheets as necessary.

Name	Address	Phone Number

Do you receive assistance from Vocational Rehabilitation or Services for Visually Impaired?

No Yes

If yes, please list the name, address and phone number of your Counselor

Name	Address	Phone Number

Disability type (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Neurological Condition | <input type="checkbox"/> Respiratory Condition |
| <input type="checkbox"/> Psychological/Psychiatric Condition | <input type="checkbox"/> Other (Please describe) |

Are you currently taking medication? **No** **Yes**

If yes, please list which medication, perscribed duration (amount of time on medication), and potential side effects that may affect others

Medication	Perscribed Duration	Potential Side Effects

Did you receive accommodations or special services for disabilities prior to SDSM&T? **No** **Yes**

If yes, please describe.

If available, please provide a copy of your most recent **Individualized Education Plan** to Counseling & Student ADA Services, Attn: Jolie McCoy

Please check all of the adaptive equipment you use on a regular basis:

- | | |
|---|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Lap Board | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Headpointer | <input type="checkbox"/> Hand Splints |
| <input type="checkbox"/> Transfer Equipment | <input type="checkbox"/> Lift-equipped Van |
| <input type="checkbox"/> Laptop Computer | <input type="checkbox"/> Assistive Speech Device |
| <input type="checkbox"/> Magnification Equipment | <input type="checkbox"/> Tape Recorder |
| <input type="checkbox"/> Speech Transmission Device | <input type="checkbox"/> Talking Equipment |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Power Wheelchair |
| | <input type="checkbox"/> Other (Specify) |

Where will you reside during the school semester?

- On Campus/Fraternity/Sorority House
 Off Campus

Will you require assistance for personal needs on campus? **No** **Yes**

If yes, please describe.

Have you ever, or do you, frequently miss school as a result of medical complications?

No Yes

If yes, please describe.

Check all of the services below that you may possibly need. Please note: all may not be currently available at SDSM&T.

- | | |
|---|---|
| <input type="checkbox"/> Extended test time | <input type="checkbox"/> Computer adaptations |
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Selective schedule |
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Special parking permit |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Note-taker |
| <input type="checkbox"/> Classroom accessibility | <input type="checkbox"/> Wheelchair storage |
| <input type="checkbox"/> Enlarging equipment | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Lab assistant | <input type="checkbox"/> Residence hall accessibility |
| <input type="checkbox"/> Alternate testing procedures | <input type="checkbox"/> Taped textbooks |
| <input type="checkbox"/> Taped lectures | <input type="checkbox"/> Taped exams |
| <input type="checkbox"/> Extended assignment time | <input type="checkbox"/> Other (Please specify) |

All students are required to provide medical or other appropriate diagnostic evaluation of their disability. Documentation may include, but not limited to: Physical description, medical or clinical cautions and recommendations for necessary accommodations for an academic atmosphere.

Statement of Agreement:

I understand that the staff from the Office of Academic Services (Registrar) may have access to my file in the Counseling and Student ADA Services Office, as well as academic and other University records in order to provide me with the support services I need. I further understand that in order to meet my educational needs, it may be necessary for the Counseling and Student ADA Services Office to contact faculty or other campus offices to disclose information regarding my accommodation and needs. I understand that it is my responsibility to notify the Counseling and ADA Services Office of any change in my medical status or special needs. By completing and signing this form, I consent to such disclosures by the Counseling and Student ADA Services Office. By signing, I acknowledge that the information provided is correct to the best of my knowledge and any misrepresented or fraudulent, information provided on this form may have repercussions outside of the Counseling and Student ADA Services Office; I also agree to comply with the policies and procedures put forth by the Student ADA Office.

Signature Date

Please return completed form with appropriate documentation to the Counseling and Student ADA Services Office, Attn: Jolie McCoy, p: 605.394.1924, f:605.394.2914, e: jolie.mccoy@sdsmt.edu