

Ashland



Community & Technical College

Disability Services Student Profile

Student Name: _____

Student ID #: _____ SS# _____

Current Semester: _____ Date: _____

Address: _____

Home Phone: _____

Other phone number(s) where you can be reached: _____
(Please indicate if it is a cell phone, work, etc.)

What high school(s) did you attend? _____

Did you graduate from high school earn a GED?

Please list any other schools/programs attended since graduating/earning GED:

What is your projected major? _____

What is the nature of your disability? _____

How long have you been diagnosed? _____

Please list any disability related medications you are currently taking. _____

In your own words, please describe how your disability impacts your daily life and education:

What accommodations have you utilized in the past (extended exam time, note-takers, etc.)?

Please list any assistive technology you currently use or have used in the past (e.g. screen readers, books on tape/CD, CCTV, etc): _____

Would you like Disability Services to notify your instructors of your disability? _____

(If you answer "no" the office will simply notify instructors of your accommodations or concerns without revealing the nature of your disability.)

If you answered yes, please specify level of disclosure. _____

Are you currently working with the Office of Vocational Rehabilitation? _____

If yes, what is your counselor's name? _____

Please share any other information you feel would be helpful to DSS: _____
