



University of Alaska Fairbanks (UAF) Disability Services
Application for Academic Accommodations

This application contributes to the interactive process used to determine eligibility for academic accommodations. If you need assistance filling out this form, phone 474-5655, e-mail uaf-disabilityservices@alaska.edu, or refer to the Disability Services website at www.uaf.edu/disability.

Date:

Demographic Information

Name (please print): Last First MI

Student ID: Date of Birth:

Home Phone: Cell Phone:

Mailing Address: Street or PO Box City State Zip

Home Address: Street or PO Box City State Zip

Preferred E-mail:

Gender / Pick Your Pronoun: [ ] Xe [ ] He [ ] She

Are you a U.S. military veteran? [ ] Yes [ ] No Do you receive VA educational benefits? [ ] Yes [ ] No

Are you employed?: [ ] Yes [ ] No On average, how many hours per week do you work? \_\_\_\_\_

Employer: \_\_\_\_\_

UAF Campus Location: \_\_\_\_\_

Major/Minor: Total number of credits this semester: \_\_\_\_\_

I am seeking a(n): [ ] Certificate [ ] Associate's [ ] Bachelor's [ ] Master's [ ] Doctorate

Number of credits taken to date: GPA: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

Are you on academic probation? [ ] Yes [ ] No Financial aid probation? [ ] Yes [ ] No

What are your educational and/or work goals? How have you achieved past goals? \_\_\_\_\_

I was referred to Disability Services by \_\_\_\_\_

## Disability & Education History

In your own words, describe your diagnosed disability and/or current circumstances:

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Highest level of education completed: \_\_\_\_\_ Year: \_\_\_\_\_

College(s) Attended: \_\_\_\_\_ Year(s): \_\_\_\_\_

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High School(s) Attended: \_\_\_\_\_ Location(s)/Years: \_\_\_\_\_

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Did you receive accommodations in high school or at other colleges/universities? If yes, please list the accommodations that were helpful.

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Rate how your **functional limitation** affects your participation in the following major life activities:

Limitation is: 1 = Not At All 2 = Mild 3 = Moderate 4 = Severe										
Caring for oneself	1	2	3	4		Learning	1	2	3	4
Talking						Reading				
Hearing						Writing				
Breathing						Spelling				
Seeing						Calculating				
Walking/Standing						Concentrating				
Lifting/Carrying						Memorizing				
Sitting						Listening				
Performing Manual Tasks						Thinking				
Eating						Processing				
Working						List others below:				
Interacting with others										
Sleeping										

Describe your learning style:    Visual                       Auditory                       "Hands-On"                       Mixed

In what way does your disability interfere with your ability to access higher education?

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*Disability & Education History Continued*

What are your **academic** areas of concern?

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Please list the academic accommodations you are requesting.

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Do you have any papers that verify a diagnosis and that would help us better understand your circumstances?

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Describe any accommodations that you feel would give you more access to **campus life**:

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How have you managed obstacles or difficulties you have encountered in the past? What methods or strategies did you use?

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*Campus & Community Resources for Well-being*

Do you have a strong support network? Do you use your support network in times of need or crisis?

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Do you have any **social** concerns that might affect your academics or well-being?

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Is there anything else you would like us to know that may affect your academic performance (i.e. life changing events, health complications, study skills, financial concerns)?

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Please check the box of any campus resources you would like further information about:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Academic Advising      | <input type="checkbox"/> Admissions                | <input type="checkbox"/> Computer Labs            | <input type="checkbox"/> Counseling     |
| <input type="checkbox"/> Health Center          | <input type="checkbox"/> Math & Stat Lab           | <input type="checkbox"/> Registration             | <input type="checkbox"/> Residence Life |
| <input type="checkbox"/> Rural Student Services | <input type="checkbox"/> Student Recreation Center | <input type="checkbox"/> Student Support Services | <input type="checkbox"/> Writing Center |

Please check all of the community resources listed below that you access:  Not applicable

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Access Alaska                  | <input type="checkbox"/> Adult Learning Programs of Alaska     | <input type="checkbox"/> Alaska Native Health       |
| <input type="checkbox"/> Department of Veterans Affairs | <input type="checkbox"/> Division of Vocational Rehabilitation | <input type="checkbox"/> Literacy Council of Alaska |
| <input type="checkbox"/> Social Security                | <input type="checkbox"/> Tanana Chief Conference               | <input type="checkbox"/> Van Tran                   |

*Assistive Technology, Software, & Computer Experience*

Do you have adequate computer skills for accessing educational resources online (such as Blackboard, DegreeWorks, UAF Webmail, UAOnline, and the Rasmuson Library's academic search engines / Interlibrary Loans)?

What type of computer do you own? \_\_\_\_\_ Year Made/Purchased: \_\_\_\_\_

Your computer/technology/software skills are:       Basic       Intermediate       Advanced

What Assistive Technologies have you used in the past?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adobe Reader                  | <input type="checkbox"/> Alternative Text Books / Readers | <input type="checkbox"/> Dolphin Easy Reader     |
| <input type="checkbox"/> Dragon Naturally Speaking     | <input type="checkbox"/> Jaws                             | <input type="checkbox"/> Read & Write Gold       |
| <input type="checkbox"/> Scan & Read Technology: _____ | <input type="checkbox"/> Smart Pen: _____                 | <input type="checkbox"/> Speech to Text Software |
| <input type="checkbox"/> Voice Activation Software     | <input type="checkbox"/> Voice Recorder                   | <input type="checkbox"/> ZoomText                |
| <input type="checkbox"/> Phone App(s): _____           | <input type="checkbox"/> Other: _____                     | <input type="checkbox"/> No prior experience     |

What types of Assistive Technologies do you think will help create equal access to your academics? Explain.

*Agreement to Terms and Conditions for Academic Accommodations*

By signing below, you testify that the information you have provided in this application is accurate and true to the best of your knowledge.

Please initial by each statement and sign below.

I understand that:

- \_\_\_\_\_ I must meet the standards set forth by my program of study and the classes I select, and that my accommodations are not intended to alter standards.
- \_\_\_\_\_ I am responsible for following UAF Policies & Procedures and the UAF Student Code of Conduct.
- \_\_\_\_\_ I need to contact the Director of Disability Services at the beginning of each semester in order to get my Letter of Accommodation renewed.
- \_\_\_\_\_ I must notify Disability Services in a timely fashion if I am experiencing unforeseen difficulties related to my disability or if the accommodations in place are not effective.
- \_\_\_\_\_ I need to meet with my instructor(s) to discuss my accommodations at the beginning of each semester.

Student Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

UAF Disability Services Representative Signature - Witness \_\_\_\_\_ Date \_\_\_\_\_