

Office of Student Access  
and Disability Services  
(660)785-4478 Phone  
(660) 785-4490 Fax



Pickler Memorial Library  
109A  
100 E. Normal St  
Kirkville, MO 63501

## Client Information Form and Application for Accommodations Student Access and Disability Services

Name: \_\_\_\_\_ Date: Click or tap to enter a date.

Banner ID: \_\_\_\_\_ Date of Birth: Click or tap to enter a date.

Telephone#/Mobile: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Truman email address: \_\_\_\_\_@truman.edu

Campus/Kirkville Address: \_\_\_\_\_

**Year:** ☐ Will be a Freshman ☐ Currently a Freshman ☐ Sophomore ☐ Junior ☐ Senior

\*How many hours earned as of this application: \_\_\_\_\_

☐ Graduate student

### Personal Information

My Major: \_\_\_\_\_ My GPA is: \_\_\_\_\_ ☐ University or ☐ High School

English is my 1<sup>st</sup> language: ☐ Yes ☐ NO, my first language: \_\_\_\_\_

I am currently: ☐ New freshman enrolling ☐ Progressing as expected ☐ Progressing better than expected

☐ On probation ☐ Progressing worse than expected, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Please explain why you contacted the Office of Student Access and Disability Services/what is the barrier(s) you are experiencing accessing your classroom or classroom/educational material?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you work while attending school? ☐ NO ☐ YES (if yes, describe your position and indicate how many hours you work per week):

\_\_\_\_\_

3. There have been significant changes in my life during the past year (if yes, please provide additional details): ☐ YES ☐ NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Educational History

1. Have you ever repeated a grade? ☐ NO ☐ YES If "yes", please list the grade(s): \_\_\_\_\_
2. Have you ever skipped a grade? ☐ NO ☐ YES If "yes", please list the grade(s): \_\_\_\_\_
3. Have you ever been enrolled in special education or remedial classes in K-12? ☐ NO ☐ YES

a. If "yes", please list the classes and grades(s): \_\_\_\_\_

4. Have you received accommodations, modifications, or special services while attending High School:

☐ High School ☐ Community College ☐ University

If so, please describe \_\_\_\_\_

\_\_\_\_\_

5. If you have not received accommodations in High School or College previously, what accommodations are you requesting for classroom access/to remove a barrier?

\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been suspended from school or university? ☐ NO ☐ YES If "yes" please explain:

\_\_\_\_\_

7. Have you ever been on academic probation? ☐ NO ☐ YES If "yes" please explain:

\_\_\_\_\_

8. List the high schools and colleges you have previously attended:

School	City	Dates Attended	Degree Earned	GPA

9. ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_

## History and Nature of Disability

1. Have you ever been diagnosed with a learning disability? ☐ NO ☐ YES If "yes" when and please list Specific Learning Disability:  
\_\_\_\_\_
2. Describe your learning difficulties or academic challenges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you had accommodations in the past that have helped? ☐ NO ☐ YES If "yes" please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Indicate the area(s) in which you experience academic difficulty:  
☐ READING ☐ WRITING ☐ MATHEMATICS ☐ SPELLING ☐ GRAMMAR ☐ NOTE-TAKING  
☐ HANDWRITING ☐ MEMORY ☐ ORGANIZATION ☐ TIME MANAGEMENT ☐ PLANNING  
☐ INITIATING TASKS ☐ OTHER, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_
4. When did you first notice the difficulties above: \_\_\_\_\_
5. Describe your academic strengths: \_\_\_\_\_
6. On average how many hours per week do you study? ☐ Less than 10 ☐ 10-15 ☐ 15-20 ☐ 20-25  
☐ 25-30 ☐ 30-35 ☐ More than 35
7. How many course hours do you have or anticipate having this semester? \_\_\_\_\_
8. How would you rate your study skills? ☐ Below average ☐ Average ☐ Above Average
9. How much effort/planning do you put into studying? ☐ Below Average ☐ Average ☐ Above Average
10. Do you believe there is room for improvement in your study skills? ☐ YES ☐ NO ☐ POSSIBLY
11. How would you rate your class attendance? ☐ 100% ☐ 90% ☐ 80% ☐ 70% ☐ I attend 60% or less
12. Do you believe there is room for improvement in your class attendance? ☐ YES ☐ NO ☐ POSSIBLY  
Please describe any other demands upon your time (internships, family, activities, athletics, fraternities, sororities, etc.): \_\_\_\_\_

## Medical History

1. To your knowledge, did you experience any trauma or complications at birth? ☐NO ☐YES If "yes" please explain:

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2. Did you have any major childhood illnesses, diseases, surgeries, etc.? ☐NO ☐YES If "yes" please explain:

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3. Have you ever been diagnosed with a psychiatric disorder? ☐NO ☐YES If "yes" please explain:

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4. Have you participated in formal counseling in the past? ☐NO ☐YES ☐On-campus ☐Off-Campus

If "yes" in the past, but not currently please provide details:

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5. Do you currently participate in formal counseling? ☐NO ☐YES ☐On-campus ☐Off-Campus

Please provide details:

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6. Have you ever experienced head trauma and/or lost consciousness? ☐NO ☐YES If "yes" please explain:

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7. Have you ever had a seizure? ☐NO ☐YES If "yes" please explain:

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8. Are you currently being treated for any medical condition? ☐NO ☐YES If "yes" please explain:

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9. Have you ever been diagnosed and treated for ADHD? ☐NO ☐YES ☐in the past ☐currently If "yes" please explain:

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10. Are you currently taking any prescription medications? ☐NO ☐YES If "yes" please explain medication and condition:

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11. Do you have any significant vision problems? ☐NO ☐YES If "yes" please explain:

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12. Do you have any significant hearing problems? ☐NO ☐YES If "yes" please explain:

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13. Do you drink alcohol? ☐NO ☐YES If "yes" how many drinks per week:

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14. Do you use any other substances not addressed above? ☐NO ☐YES If "yes" please explain:

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\_\_\_\_\_  
Student Signature

Click or tap to enter a date.

Date: