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

TRUMAN STATE UNIVERSITY
DISTINCT BY DESIGN

Pickler Memorial Library
109A
100 E. Normal St
Kirksville, 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/Kirksville 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 1st 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:

   _____

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

   _____

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

   _____

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:

   _____

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

   Please provide details:

   _____

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

   _____

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

   _____

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

   _____

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

   _____

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

    _____

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

    _____

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

    _____

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

    _____

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

    _____

_____Click or tap to enter a date.

Student Signature Date: