

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



Kirk Building
1006
100 E. Normal St
Kirksville, MO 63501

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

Name: _____ Date: _____
Banner ID: _____ Date of Birth: _____
Telephone#/Mobile: (_____) _____ - _____ Truman Email: _____
Campus/Kirksville Address: _____
Year: ☐ Will be a Freshman ☐ Currently a Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student
*How many hours earned as of this application: _____

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 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 if comfortable): ☐ YES ☐ NO

Educational History

1. 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): _____

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

☐ High School ☐ Community College ☐ University

If so, please describe/list _____

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

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

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

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. 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. Describe your academic strengths: _____

5. On average how many hours per week do you study? Dedicated/sustained study.

- ☐ Less than 10 ☐ 10-15 ☐ 15-20 ☐ 20-25 ☐ 25-30 ☐ 30-35 ☐ More than 35

6. How would you rate your study skills? ☐ Below average ☐ Average ☐ Above Average

7. Have you ever worked with a time management tutor? ☐ Yes ☐ No

8. Do you believe there is room for improvement in your study skills? ☐ YES ☐ NO ☐ POSSIBLY

9. How would you rate your class attendance? ☐ 100% ☐ 90% ☐ 80% ☐ 70% ☐ I attend 60% or less

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

2. Are you currently being treated for any medical or mental healthcare condition? ☐ NO ☐ YES If "yes" please explain: _____

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

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

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

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

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

Student Signature

Date: