Services for Students with Disabilities
Registration Form

I. Personal Information

Date: _____

Name: _____ ID Number: _____

Permanent Address: _____

_____

Permanent Phone: _____Cell Phone: _____

Local/Dorm Phone: _____E-mail: _____

Academic Advisor: _____Major/Minor: _____

II. Disability Information

Check all that are appropriate:

_____ Learning Disability _____ Attention Deficit Disorder (AD/HD)

_____ Deafness/Hard of Hearing _____ Blindness/Visual Impairment

_____ Mobility Impairment _____ Head/ Traumatic Brain Injury (TBI)

_____ Chronic Health Related _____ Psychiatric Disability

_____ Other _____

Please briefly describe your disability, including the cause and the date of onset:

_____
_____
_____
_____
_____
_____

Have you had someone explain the nature of your disability so that you feel you adequately understand your strengths and weaknesses? _____

Please list any accommodations you have used prior to coming to Gustavus.

_____
_____
_____

Most successful area of study: _____

Please give a brief description of ways your disability might impair your abilities in:

Note taking: _____
_____
_____

Reading: _____
_____
_____

Spelling: _____
_____
_____

Organizational Skills: _____
_____
_____

Test taking: _____
_____
_____

Handwriting: _____
_____
_____

Written Language (Papers): _____
_____
_____

Assignment Completion/Homework: _____
_____
_____

Do you routinely use a planner? _____

Use the space below for any additional information you think would help Disability Services work with you better.

_____
_____
_____
_____
_____