

Application for Services

First Name: _____ Middle Initial: _____ Last Name: _____

Today's Date: _____ EKU ID#: _____ Date of Birth: _____

Campus Address: _____ E-mail: _____

Cell Phone #: _____ Permanent Home Phone #: _____

Permanent Address: _____

Permanent City: _____ State: _____ Zip: _____

Year in College: _____ Major _____ 2 year degree _____ 4 year degree _____

Do you work with Vocational Rehabilitation? Yes _____ No _____

If yes, what is your counselor's name? _____

Where did you attend high school? _____

Did you receive academic accommodations in high school? Yes _____ No _____

Did you transfer from another college or University? Yes _____ No _____

If yes, from where? _____

Which of the following accommodations have you used in the past? Check all that apply.

___ Digital books ___ Note-takers ___ Extra time on tests ___ Tests outside the classroom

___ Word processor/hand held speller ___ Tutoring ___ Interpreters/other: _____

Please mark ALL that apply: *I am requesting accommodations because I am an individual with/who is:*

___ Attention Deficit Disorder ___ Psychological ___ Hard of Hearing

___ Learning Disability ___ Physical Impairment ___ Deaf

___ Acquired/Traumatic Brain Injury ___ Visual Impairment ___ Other:

___ Autism Spectrum Disorders ___ Other Health Impairment _____

I am requesting: _____ Academic Accommodations _____ Housing Accommodations

Assistive Technology

I use the following assistive technology:

- Calculator Digital recorder Portable note-taker Smart Pen
 Laptop Digital books Read & Write Gold Dictation software
 Zoom Text Window Eyes Jaws software Assistive listening device
 Other specialized computer software Not Listed: _____

If you are Deaf or Hard of Hearing, please answer the following questions. If not, skip to next section.

Check all services that Vocational Rehabilitation provides:

- Tuition Books Housing Tutor Note-Taker None

Are you receiving other forms of financial assistance? Yes No

Check the situation that most closely describes your high school:

- Mainstreamed Regular Classroom Special Education Class - all day
 Residential School - attend during day only Residential School - live on campus

Which communication system do you use?

- ASL PSE Other - please describe _____

Which assistive listening devices do you use?

- FM System Hearing Aid Loop T-coil (phone switch) Other None

All students answer this question:

How does your disability create barriers/challenges as a college student in class and/or with housing?
From what accommodations would you benefit for an equalizing opportunity?
