

REQUEST FOR SERVICES FORM

- ☐ A. Visual/Sight impairment: partial sight- not correctable with normal lenses or blind
☐ B. Hearing impairment: significant bilateral hearing loss or deaf
☐ C. Orthopedic (mobility) impairment: may include wheelchair use
☐ D. Systemic health impairment (chronic health condition): Multiple sclerosis, POTS, Crohn's disease, epilepsy/seizures, leukemia
☐ E. Autism spectrum disorder (ASD)/Asperger's syndrome or Pervasive developmental disorders (PDD)
☐ F. Learning disorders/learning disability: reading _____ math _____ written expression _____
☐ G. Attention deficit disorder (ADD/ADHD) _____
☐ H. Speech or language impairment
☐ I. Emotional Behavioral/Mental Health
☐ J. Traumatic Brain Injury (TBI)
- Additional notes: _____

12. How did you hear about Student Support Services: Student Disability Services?

☐ Instructor/Faculty ☐ Admissions Office ☐ UMBC website
☐ Registrar's Office ☐ Academic Advisor ☐ Another UMBC Student
☐ Upward Bound ☐ UMBC Staff ☐ Other, Specify: _____

SECTION II. Student Personal Assessment

- What are your strengths? _____
- What are some areas of difficulty/challenge? _____
- What type of assistance are you requesting from Student Disability Services?
 Note taking _____ Test taking _____ Interpreting (ASL) _____
 Reader/scribe _____ Mobility access _____ Alternate format texts _____
 Other _____
- Use of adaptive hardware and/or software: (E.g., Use of JAWS screen reader. Please indicate what you are using.)

- Please indicate the level (1 – 3) to which you may need assistance in the following areas:
 (Low) 1 2 3 (High)

Study Skills

- | | | | |
|---------------------------|-------|--------------------|-------|
| 1. Time management | _____ | 5. Writing skills | _____ |
| 2. Note taking | _____ | 6. Tutoring | _____ |
| 3. Test taking strategies | _____ | 7. Managing stress | _____ |

SECTION III. Student Disability Services Registration Agreement

The purpose of this agreement is to communicate your rights and responsibilities as a student and to complete your registration.

Students with disabilities have the right to:

- An equal opportunity to participate in and benefit from courses, programs, services and activities at UMBC
- Reasonable and appropriate accommodations, academic adjustments and/or auxiliary aids
- Confidentiality of information pertaining to their disability
- Information available in accessible formats

Students with disabilities have the responsibility to:

- Meet qualifications and maintain essential standards for courses, programs, services, and activities
- Identify as an individual with a disability when an accommodation is needed and to seek information or assistance as needed
- Document (from an appropriate professional) how the disability limits their participation in courses, programs, or services
- Follow established office procedures for obtaining information, services, and reasonable accommodations
- Notify Student Disability Services of changes in disability status (i.e., worsening of condition), class/course changes, and/or challenges encountered
- Students must **complete an Accommodation Card with their course schedule at the beginning of each semester** at UMBC in order for instructors to be notified of approved accommodations

I hereby swear and affirm that the information reported on this form and any attachment hereto is true and accurate to the best of my knowledge. I understand that Student Disability Services will use the data provided to assist in my academic planning and access.

Signature of Student

Date

Please attach your documentation of disability, including a diagnosis by a qualified professional, as well as any testing results with this form in order to complete the registration process. An intake will be scheduled upon review of the documentation.
Allow up to two weeks processing time.

FOR OFFICE USE ONLY

Accommodations approved _____