## **University of Maryland Baltimore County Student Support Services – Student Disability Services** Math/Psychology Building, Room 213

(410) 455-2459 <u>sss@umbc.edu</u> sss.umbc.edu

## **REQUEST FOR SERVICES FORM**

## Instructions:

- Complete all sections in ink or type. If printed, please print legibly. Please sign at the bottom.
- Any documentation must have the student's name written on the top of each page for proper identification.
- If you need assistance in answering these questions, please call or email.

  Note: The information you provide on

		Note: The injor	mation you prov	viae on this	s jorm is coi	пјіаеппаі.
ection I.	Demographic Data					
1. Name:						Campus ID:
	Last (Legal Name)		First		M.I	
2. Home A	Address:	Street				Preferred Telephone:
		Succi				
	City		State			Zip Code
3. Campus	s Address:		Camp	us Telepho	ne:	<del></del>
UMBC	Email:		Altern	nate Email (	(optional): _	
4. Gender	: (Please circle) Male	Female		Birth date	e (mm/dd/yy	y):
5. Acaden	nic Level: (Please circle)	Freshman	Sophomore	Junior	Senior	Graduate Non-degree seeking ELI
	What is your m	ajor?				
	Are you attendi	na classes at the	Shady Grove ca	ımpus? V	es No	
	Are you unenui	ig classes at the	Shaay Grove ca	триз: 1	es ivo	
6. What is	s your race or ethnicity? (	Optional. Circle	all categories tha	at apply.)	Hispanic o	or Latino White/Caucasian
Americ	an Indian or Alaska Nativ	e Asian or In	dian/Middle-Eas	stern Blac	ek or Africar	n American Native Hawaiian or Pacific Isla
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7. Are you	an international student?	Yes No				
8. Are you	a transfer student?	Yes No	If yes, which sch	ool		
9. Are you	a military veteran?	Yes No				
10. Are yo	ou registered and receiving	g assistance fron	n DORS or the V	'A?	Yes	_ No
	If "YES", may we contac				Yes	No
,	Counselor's Name:			<del></del>	Phone Nun	mber:
Disability	Information					
	check the diagnostic cate				_	
Note, a	ppropriate documentati	on of disability	must accompan	y this forr	n to comple	ete registration.
A. Vi	sual/Sight impairment: pa	rtial sight- not c	orrectable with n	ormal lens	es or blind	
B. He	earing impairment: signific	cant bilateral hea	aring loss or deaf	i		
	thopedic (mobility) impai				ic DOTS C	Crohn's disease, epilepsy/seizures, leukemia
	itism spectrum disorder (A					
	arning disorders/learning		eading	math		en expression
G. At	tention deficit disorder (A	DD/ADHD)				
	eech or language impairm notional Behavioral/Menta					
	umatic Brain Injury (TBI)			Addition	al notes:	

II	nstructor/Faculty egistrar's Office	Admissions Office Academic Advisor	UMBC website Another UMBC Student
K	pward Bound	Academic Advisor UMBC Staff	Other, Specify:
CTI	ON II. Student Pers	onal Assessment	
1.	What are your strengths	?	
2.	What are some areas of	difficulty/challenge?	
3.	What type of assistance	are you requesting from Student Disa	bility Services?
	Reader/scribe	Test taking Interpreting Mobility access Alternate	ng (ASL) format texts
4.	Use of adaptive hardwar	re and/or software: (E.g., Use of JAW	'S screen reader. Please indicate what you are using.)
5.	Please indicate the level (Low) 1	(1-3) to which you may need assista $2$ $3$ $(High)$	ance in the following areas:
1. Ti 2. No	Skills me management ote taking est taking strategies	5. Writing skills 6. Tutoring 7. Managing stress	
			<del></del>
		ility Services Registration Agreemen	<u></u> n <u>t</u>
TIO	N III. <u>Student Disab</u>	ility Services Registration Agreemen	nt nsibilities as a student and to complete your registration.
TIO purpo	ON III. Student Disabose of this agreement is twith disabilities have the	ility Services Registration Agreement o communicate your rights and response right to:	nsibilities as a student and to complete your registration.
TIO purpo dents	ose of this agreement is the with disabilities have the An equal opportunity to	ility Services Registration Agreement o communicate your rights and response right to: participate in and benefit from course	es, programs, services and activities at UMBC
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TIO purpo dents •	ose of this agreement is twith disabilities have the An equal opportunity to Reasonable and appropriate the North Control of the North	ility Services Registration Agreement o communicate your rights and response right to: participate in and benefit from course riate accommodations, academic adjust mation pertaining to their disability	es, programs, services and activities at UMBC
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purpodents  dents  dents	ose of this agreement is to with disabilities have the An equal opportunity to Reasonable and appropriate Confidentiality of information available in with disabilities have the Meet qualifications and Identify as an individual Document (from an appropriate of the November 1988).	ility Services Registration Agreement o communicate your rights and response right to: participate in and benefit from course riate accommodations, academic adjust mation pertaining to their disability accessible formats the responsibility to: maintain essential standards for course with a disability when an accommodaropriate professional) how the disability	es, programs, services and activities at UMBC thents and/or auxiliary aids  es, programs, services, and activities at umb es, programs, services, and activities at in is needed and to seek information or assistance as needed ty limits their participation in courses, programs, or services
purpo purpo • • •	ose of this agreement is to with disabilities have the An equal opportunity to Reasonable and appropriate Confidentiality of information available in with disabilities have the Meet qualifications and Identify as an individual Document (from an app Follow established office).	ility Services Registration Agreement o communicate your rights and response right to: participate in and benefit from course riate accommodations, academic adjust mation pertaining to their disability accessible formats the responsibility to: maintain essential standards for course with a disability when an accommodation propriate professional) how the disability is procedures for obtaining information	es, programs, services and activities at UMBC timents and/or auxiliary aids  es, programs, services, and activities at umbc
purpo dents • • • dents •	ose of this agreement is twith disabilities have the An equal opportunity to Reasonable and appropriation of information available in with disabilities have the Meet qualifications and Identify as an individual Document (from an appropriation of the Follow established office Notify Student Disabilities and Students must complete	ility Services Registration Agreement o communicate your rights and response right to: participate in and benefit from course riate accommodations, academic adjust mation pertaining to their disability accessible formats the responsibility to: maintain essential standards for course with a disability when an accommodaropriate professional) how the disability procedures for obtaining information y Services of changes in disability states.	es, programs, services and activities at UMBC timents and/or auxiliary aids  es, programs, services, and activities at umble es, programs, services, and activities ation is needed and to seek information or assistance as needed ity limits their participation in courses, programs, or services in, services, and reasonable accommodations
purpo	ose of this agreement is to with disabilities have the An equal opportunity to Reasonable and appropriation available in with disabilities have the Meet qualifications and Identify as an individual Document (from an apper Follow established office Notify Student Disabilities challenges encountered Students must complete for instructors to be notificated.	ility Services Registration Agreement o communicate your rights and response right to: participate in and benefit from course riate accommodations, academic adjust mation pertaining to their disability accessible formats the responsibility to: maintain essential standards for course with a disability when an accommodation pertaining information of the procedures for obtaining information of the procedures of changes in disability states an Accommodation Card with their confield of approved accommodations at the information reported on this for	es, programs, services and activities at UMBC timents and/or auxiliary aids  es, programs, services, and activities ation is needed and to seek information or assistance as needed ity limits their participation in courses, programs, or services in, services, and reasonable accommodations tus (i.e., worsening of condition), class/course changes, and/or

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.