

APPLICATION FORM

Idaho State
UNIVERSITY
Disability Services

This form is an application for services at Disability Services.

Rendezvous 125 • Pocatello, ID 83209 • (208) 282-3599 (p) • (208) 282-4617 (f)

PART 1: CONTACT INFORMATION

Date: _____ Student ID: _____ Date of Birth: _____

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

Street Address: _____ City/State/Zip: _____

Phone Number: _____ Email Address: _____

PART 2: ACADEMIC INFORMATION

I currently use these campuses: Pocatello Idaho Falls Twin Falls Meridian

Major: _____ Minor: _____ Are you a veteran? Yes No

PART 3: DISABILITIES

The nature of my disability is: Learning ADHD Psychological/Emotional Communication
 Physical/Medical Hearing Visual Other:

Please describe any difficulties you are currently having:

I receive support from: Voc Rehab TRiO VA Commission for the Blind
 Health & Welfare Labor Other:

Counselor: _____ Phone: _____ Current documentation? Yes No

Please answer the following questions, using the scale at right: Not at all Entirely

I can identify myself as a person with a disability in order to request the services I need. 1 2 3 4 5

I am knowledgeable of and can discuss my disability documentation or medical evaluation. 1 2 3 4 5

I can list and discuss the academic accommodations I need to be successful. 1 2 3 4 5

I am willing and able to discuss my disability and accommodations with my professors. 1 2 3 4 5

I believe my prior school prepared me to request academic accommodations at ISU. 1 2 3 4 5

PART 4: SIGNATURE (please review carefully)

I recognize that the responsibility for requesting accommodations is mine, and it is necessary for me to communicate my needs clearly to each instructor each semester with sufficient notice. I also recognize that some accommodations take up to six weeks to provide. I realize valid documentation is required before I can receive accommodations.

Signature: _____

Date: _____