



Student Registration Form

Date: _____

Type of Contact: Phone Email TDD Office Visit Referral: _____

General Information

Name: _____ Last First MI DOB Student ID#

Preferred Contact #: _____ Alternate #: _____

Emory Email Address: _____ Alternative Email Address: _____

Permanent Mailing Address:

Street City State Zip Code

Campus Mailing Address:

Street City State Zip Code

Student Enrollment

First semester at Emory? Fall Spring Summer Year: _____

Anticipated Graduation Date: Fall Spring Year: _____

Undergraduate Year: FR SO JR SR

Graduate Program: MA/MS/MDIV PhD Law Medicine

Transfer Student: Y N (Name of Institution _____)

Visiting Student: From: _____ To: _____

Academic Information

Oxford College Emory College Business-BBA Laney Graduate School Candler School of Theology

School of Nursing (BSN/MSN) Academic Health Programs (SOM) Rollins School of Public Health

Law School School of Medicine Other: _____

How many credits do you plan to take each semester? _____

Disability Categories

- | | | |
|---|--|---|
| <input type="checkbox"/> Visual | <input type="checkbox"/> Psychological/Psychiatric | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Speech | <input type="checkbox"/> Traumatic Brain Injury (TBI) |
| <input type="checkbox"/> Chronic Medical/Health | <input type="checkbox"/> Temporary Disability* | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Other: _____ | |

** Note: If your medical condition is not permanent in nature, the university is not required by law to provide any accommodation, but after review, OAS may be able to assist you on a temporary basis.*

Please list any disability related medications you are taking (if applicable):

Name: _____	Amount: _____	Times per day: _____	Start Date: _____
Name: _____	Amount: _____	Times per day: _____	Start date: _____
Name: _____	Amount: _____	Times per day: _____	Start date: _____

Please explain how this medication helps you (if applicable):

Nature of learning difficulty (if applicable):

How have services you received previously assisted you?

Have you been taught any compensation skills for your learning difficulties? If so, please describe:

Describe how the diagnosed condition has impacted you and how it is substantially limiting your ability to learn:

- If there are some classes or situations in which there is no impact, please explain why this is the case.
- If you have tried any medical or educational interventions to manage the diagnosed condition, please explain what these were and how and why they have or have not helped.

Describe what accommodations or services that you think you will need. Why?

Academic History

Were you in Special Education classes? Yes No

Were you in Remedial Reading? Yes No

Were you in Remedial Math? Yes No

Did you have a 504/accommodation plan? Yes No

What were your strengths and weaknesses?

Did you have retention difficulties? If yes, please describe:

Did you have any social difficulties? If yes, please describe:

In which classes did you do well?

Which classes were the most challenging?

Assistive Technology

Have you used assistive technology before? Yes No

If yes, which of the following have you used?

Read & Write Gold (Text Help) Inspiration Kurzweil Daisy Books/Reader JAWS Recorded Books

How familiar are you with the software (scale 1 low; 5 high)? 1 2 3 4 5

Are you a PC or Mac user? PC MAC

Skill Analysis

A. Reading Skills

1. Did you experience frustration in learning to read? Yes No
2. Is figurative language unclear (analogies, metaphors, etc.)? Yes No
3. Do you have problems processing visual material? Yes No
reversing letters/numbers omitting letters adding letters
confusing similar words skipping lines focusing on a page
4. Do you have difficulty with comprehension? Yes No
5. What is your reading rate?
Fast Slow Somewhere in-between
6. Do you have an easy time remembering what you read? Yes No

B. Writing Skills

1. How would you characterize your writing skills? _____
2. Do you experience problems with the mechanics of writing? Yes No
(Check all that apply) grammar capitalization
sentence structure punctuation limited vocabulary
3. Do you experience problems retrieving words you already know? Yes No
4. Is your spelling inconsistent? Yes No
5. Do you have trouble organizing your ideas and thoughts? Yes No
6. Do you have difficulty copying from the board, overhead, or book? Yes No
7. Do you have trouble putting your ideas down on paper? Yes No
8. Do you think you write legibly? Yes No
9. How would you characterize your notetaking skills? _____

C. Math Skills

1. What is the highest level of math achieved? _____
2. Do you have a problem with basic math skills? Yes No
(Check all that apply) addition subtraction
multiplication division
3. Do you confuse mathematical signs and symbols? Yes No
4. Do you have difficulty sequencing the steps in a task? Yes No
5. Do you have trouble with mathematical vocabulary? Yes No
6. Do you have difficulty with abstract concepts? Yes No
7. Which of these areas of math give you the most difficulty?
(Check all that apply) word problems place value
formulas decimals fractions
percentages estimation reasoning
8. Do you make careless errors? Yes No
9. Are you able to complete homework assignments? Yes No

A. Study Habits and Environment

- 1. Do you have organizational problems? Yes No
- 2. Are you usually prepared for class? Yes No
- 3. Do you have trouble outlining? Yes No
- 4. Do you have trouble identifying steps in a task? Yes No
- 5. Do you have trouble taking notes? Yes No
- 6. Are you often unsure of what is important to write down or underline? Yes No
- 7. Do you have trouble integrating information from many sources? Yes No
- 8. Are you easily distracted/restless? Yes No
- 9. Do you ever respond without thinking? Yes No
- 10. Do you find studying in groups helpful? Yes No
- 11. How many hours a day do you study? _____
- 12. How long do you typically study for an exam? _____
- 13. How do you study for an exam?

14. Where do you usually study? Have you tried other places?

B. Learning

- 1. Do you have problems processing auditory information? Yes No
- 2. Do you have problems following oral directions? Yes No
- 3. Do you ever miss verbal information? Yes No
- 4. Do you have problems processing visual information? Yes No
- 5. Do you have trouble making sense of what you see? Yes No
- 6. Are you comfortable participating in group discussions? Yes No
- 7. Have you ever had problems with general class attendance? Yes No
- 8. Do you have difficulty focusing on audio material? Yes No
- 9. Do you have trouble finding the "right word" to describe something orally? Yes No
- 10. How do you compensate for your difficulties?

C. Assignments

1. Do you have difficulty completing worksheets? Yes No
 2. Do you have difficulty writing short papers (2-3 pages)? Yes No
 3. Do you have difficulty writing term papers (10-20 pages)? Yes No
 4. Do you have difficulty conducting science experiments? Yes No
 5. Do you have difficulty making art/media projects? Yes No
 6. Do you have difficulty giving oral reports? Yes No
 7. Do you have difficulty reading maps/charts/graphs? Yes No
 8. Do you have difficulty sticking with an assignment until completion? Yes No
 9. With what other types of assignments do you have difficulty (if applicable)?
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D. Tests

1. Which of the following types of tests do you find difficult?
Short Answer Matching
Essay Computation/Math
Multiple choice Oral Exams
True-False Other: _____
2. Which of the following types of tests do you NOT find difficult?
Short Answer Matching
Essay Computation/Math
Multiple choice Oral Exams
True-False Other: _____
3. Do you get anxious or nervous before exams? Yes No
4. Do you think you prepare well for tests? Yes No
5. Do you often feel like you do not know how to prepare for tests? Yes No

Learning Style: How do you learn best? Please Rank Each Group (1-Best – 4-Worst)

- | | |
|---|--|
| _____ Lectures, Recordings (Auditory) | _____ Movies, TV, Computer (Multi-sensory) |
| _____ Books, Workbooks, Handouts, Diagrams (Visual) | _____ Modules, Experiments (Tactile) |

Support Services/Academic Adjustments

Check the services/academic adjustments that you have used before and/or those you feel will be helpful to you at Emory. You may check more than one.

	<u>Have Used</u>	<u>Have Not Used</u>	<u>Very Helpful</u>	<u>Not Helpful</u>
Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notetaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recorded Lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Test Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing in a Separate Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio Textbooks/Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spell-checker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice Synthesizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Processor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice Recognition Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapted Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Franklin Speller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonic Ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enlarged Print Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Accommodations Received/Requesting

Please check/describe any services you have received in the past under “Previously Received” in high school or another college attended. Please check those services that you are interested in requesting at Emory under “Requesting at Emory”.

	Previously Received in High School	Previously Received in College	Requesting at Emory
Classroom Accommodations:			
Access to teacher handouts, slides, overheads			
Additional time on in-class writing assignments			
Assistive Technology (laptop, note taking device, etc.)			
Notetaker			
Record Lectures			
Preferential Seating			
Testing Accommodations:			
Additional time when taking quizzes and exams (i.e., 1.5 or 2)			
Distraction Reduced Testing Environment			
Assistive Technology on Exams			
Calculator			
Computer for Tests			
Spell-check			
Print Accommodations:			
Materials in an Electronic Format (Daisy, MP3, PDF, KESI)			

	Previously Received in High School	Previously Received in College	Requesting at Emory
Services:			
Adjustable Height Table in Class			
Other (please explain):			
Dining Services			
Assistance Needed (access to food choices, help with tray, cutting food, eating)			
Medical condition requires a special diet			
Other (please explain):			
Housing Services:			
Single Room (for medical issues)			
Accessible Room (elevator, space for chair, equipment, lowered shelves, rods, grab bars, lower peep hole, visual door bell, door handles, etc.)			
Bathroom Modifications (grab bars, roll in, bathtub, lowered sink)			
Private Bath			
Kitchen Modifications – in Suites (lowered shelves, roll-under counters, etc.)			
Access to a Kitchen for Dietary/Health Reasons (that cannot be accommodated by consulting w/campus dietician)			
Height of Shelves Adjusted			
Door/Key Modifications			
Accessible Furniture (desk, tables, bed, etc.)			
First Floor Room			
Emergency Evacuation:			
Audio/Visual Alarm			
Transportation			
Paratransit			

	Yes	No
Campus Access:		
I cannot walk long distances quickly.		
I cannot walk long distances at all.		
I cannot go up or down stairs and need access to an elevator.		
Assistance may be required to evacuate a building.		
Brailled Room Numbers		
Raised Print Room Numbers		
I use an assistive device that makes it difficult to get around independently during inclement weather.		
I am driving and need access to handicap parking close to my classes		
I use a Service Animal or Emotional Support Animal		
Assistive Devices:		
Wheelchair		
Cane		
Walker		
Other:		

Documentation of your disability is required in order to determine your eligibility for academic accommodations. Please have your medical professional send Accessibility Services documentation of your disability clearly outlining the functional limitation that would keep you from having an equal opportunity while pursuing your educational program.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. In accordance with FERPA, Emory may not disclose certain education records or information contained there without written permission from the student. By signing below, I am indicating that Access, Disability Services and Resources has my permission to discuss my disability accommodations with my medical professional and with Emory's departments for the purpose of arranging my academic accommodations.

Signature or e-signature required

Date (mm/dd/yyyy)