

PLEASE USE BLACK OR BLUE INK TO COMPLETE THIS FORM fk \Yb Z`YX'ci hVrn\ UbXt

Name: _____

Year: _____

Student ID: M _____

Semester:

Cell Phone: _____

Fall

MC E-mail: _____

Spring

Summer I

Emergency Contact (name & number): _____

Summer II

Winter

I wish to receive DSS text message reminders

Services Requested

<input type="checkbox"/> Same Accommodations as Last Semester	<input type="checkbox"/> Captioned Videos/media	<input type="checkbox"/> Assistive Technology/software
<input type="checkbox"/> Additional Time for Tests	<input type="checkbox"/> Laptop/Tablet for Notes	<input type="checkbox"/> Write on Exam
<input type="checkbox"/> Notetaker/Lecture Notes	<input type="checkbox"/> Calculator	<input type="checkbox"/> Other _____
<input type="checkbox"/> Computer for exams/in class essays	<input type="checkbox"/> Permission to record	_____
<input type="checkbox"/> Kurzweil	<input type="checkbox"/> Interpreter	_____
	<input type="checkbox"/> In-Class Assistive Technology (onyx, CCTV, etc)	_____

Please List Your Courses Below

Campus – Check One (Rockville-RV, Germantown-GT, Takoma Park/Silver Spring- TP, Distance Learning/Online-ONLINE)	Course ID (Example- ENGL101)
<input type="checkbox"/> RV <input type="checkbox"/> GT <input type="checkbox"/> TP <input type="checkbox"/> ONLINE	
<input type="checkbox"/> RV <input type="checkbox"/> GT <input type="checkbox"/> TP <input type="checkbox"/> ONLINE	
<input type="checkbox"/> RV <input type="checkbox"/> GT <input type="checkbox"/> TP <input type="checkbox"/> ONLINE	
<input type="checkbox"/> RV <input type="checkbox"/> GT <input type="checkbox"/> TP <input type="checkbox"/> ONLINE	
<input type="checkbox"/> RV <input type="checkbox"/> GT <input type="checkbox"/> TP <input type="checkbox"/> ONLINE	
<input type="checkbox"/> RV <input type="checkbox"/> GT <input type="checkbox"/> TP <input type="checkbox"/> ONLINE	

Emergency Evacuation/Medical Assistance

<p>I WILL NEED ASSISTANCE IN EMERGENCY EVACUATION SITUATIONS. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>I MAY REQUIRE MEDICAL ATTENTION FOR A CHRONIC ILLNESS. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>***IF 'YES' TO EITHER, THE FOLLOWING INFORMATION WILL BE SHARED WITH CAMPUS SECURITY.***</p>	
Reason For Assistance:	<input type="checkbox"/> Blind <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Low Vision <input type="checkbox"/> Other _____ <input type="checkbox"/> Mobility Impairment
Check If You Use Any Of The Following:	<input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Motorized Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> Motorized Scooter <input type="checkbox"/> Cane

I UNDERSTAND THAT ARRANGING SERVICES WILL NECESSITATE SHARING WITH MY INSTRUCTORS INFORMATION REGARDING MY DISABILITY AS IT RELATES TO MY ACADEMIC WELFARE. I GIVE MY PERMISSION FOR DSS PERSONNEL TO CONTACT MY INSTRUCTORS REGARDING MY ACADEMIC PROGRESS, AS NEEDED.

SIGNATURE: _____

DATE: _____

*****OFFICE USE ONLY*****

NUMBER OF IC'S NEEDED _____ COUNSELOR _____

NEW SAME AS PRIOR CHANGED NOTES _____

ADVISING FROM A DSS COUNSELOR YES NO CODE(S): Primary _____ Secondary _____