STUDENT DISABILITY SERVICES

STUDENT SELF-DISCLOSURE FOR ACADEMIC ACCOMMODATIONS

**To Be Completed By The Student**

Name: ______________________________ Date: __________________ Class of: _______________________

Cell #: ____________________________ UB Box: ____________________ Academic Advisor: _________________

DePauw Email: _____________________ Alternative Email: ________________________________

In addition to academic accommodations, do you currently have /or will need accommodations in any of the following categories (circle all that apply): Housing Dietary

Did you have an IEP, 504 Plan, or Learning Plan in High School? Yes No Not Sure

What is the diagnosis, or area(s) of learning challenges that you have had accommodations for in the past?

Describe or list the accommodations you have had in place during your high school years and /or at previous universities:

Describe the accommodations you feel were the most beneficial to you and why:

Please describe your areas of strength (academic and non-academic):

Please describe your learning challenges (academic and non-academic):

Please describe those accommodations you feel would be the most beneficial for you at DePauw:

Have you used any types of assistive technology that have been helpful to you? If so, please list and describe:

Do you have documentation to confirm your diagnosis or learning challenges? (psychological evaluation/medical diagnosis/ psycho-educational evaluations, etc.) Yes No

I attest that this information is accurate and may be used by personnel at DePauw University, who have an academic need to know, and the ability to provide assistance and services to me. I agree to furnish any documentation required and I understand that any costs for obtaining additional documentation are my responsibility.

Signature: ______________________________ Date: ______________________________

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