

**Application for Accommodations/Services**

\*\*If you have not already registered with us online, this form is to be completed before or during your first intake meeting.\*

**Demographic Data**: Please complete and/or review and update.

**Date**:

**Name**:

*Last First MI*

**Preferred name (if different from above):**

**Preferred Pronoun:**

**Student ID #**:

**Local Address (if current student)**:

**Date of Birth**:

*(mm/dd/yyyy)*

**Permanent Address**:

**Phone Numbers**: Mobile:

Other:

**Student Status** *(circle one):*

Prospective New First Year

New Transfer

Continuing

Graduate

Undergrad Special/Visiting

**If prospective, I have completed an application for admission to UWSP**: Yes No

**If yes, semester that you are applying for admission**: Fall Spring Summer

**Please indicate your campus:** Stevens Point Marshfield Wausau

**Do you receive vocational rehabilitation services**? Yes

No No, but I would like to learn more

If yes, please list name & office location:

**Are you a Veteran or receiving Veteran Benefits?** Yes No

**Are you a non-traditional/returning adult student?** Yes No

***Please Note:*** *Completion of an intake form does not imply you will qualify for accommodations. In order to be eligible for disability related services, students must have a documented disabling condition as defined by the Americans with Disabilities Act of 1990 (ADA) and its Amendments (ADAAA, 2008) and Section 504 of the Rehabilitation Act of 1973.*

**Disability Status**

**Please identify all formal diagnoses and include date of diagnosis or onset of condition:**

**Were you provided formal accommodations in other educational or work settings (i.e. IEP/504 plan)?**

**Yes No**

**If you have not been formally evaluated or diagnosed, please identify any conditions or concerns that you want to learn**

**more about getting evaluated or assessed for:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Functional Limitations:** How does your disability(ies) limit your ability to function in the following areas? | | | | | | | | | | | | |
| **0 = Not Applicable**  **1 = Unable to Determine**  **2 = Mild**  **3 = Substantial** | **0** | **1** | **2** | **3** |  |  | **0** | **1** | **2** | **3** |  |  |
|  |  |  |  | Caring for Oneself |  |  |  |  | Working |
|  |  |  |  | Talking |  |  |  |  | Interacting with Others |
|  |  |  |  | Hearing |  |  |  |  | Sleeping |
|  |  |  |  | Breathing |  |  |  |  | **Learning** |
|  |  |  |  | Seeing |  |  |  |  | * Reading |
|  |  |  |  | Walking/Standing |  |  |  |  | * Writing/Spelling |
|  |  |  |  | Lifting/Carrying |  |  |  |  | * Calculating |
|  |  |  |  | Sitting |  |  |  |  | * Memorizing |
|  |  |  |  | Performing Manual Tasks |  |  |  |  | * Concentrating |
|  |  |  |  | Eating |  |  |  |  | * Listening |
| Please describe anything else you want us to know about your condition and how it impacts you: | | | | | | | | | | | | |
| **Accommodations:**  Please describe any accommodations or services you have utilized prior to UWSP.  **I am requesting the following classroom accommodation(s):**  Lecture/instruction content (recording, note-taking)  Sign Language Interpreter Captioning  Digital textbooks Accessible furniture – Describe:  Enlarged or digital course materials - Font size: Preferential seating  Other (describe): 1. 2.  **I am requesting the following exam/testing accommodation(s):**  Extended time (time-and-a-half) and reduced distraction environment Enlarged or digital format  Reader or text-to-voice software Scribe or voice-to-text software  Calculator Other (describe):  **Other**  Emotional Support Animal approval Service Animal registration  *Please note that housing accommodations other than animals are considered by Residential Living (715/346-3511,* [*resliving@uwsp.edu*](mailto:resliving@uwsp.edu)*). Dietary accommodations related to meal plans are considered by Dining and Summer Conferences (715/346-3434, dsc@uwsp.edu).* | | | | | | | | | | | | |
| **Upload this form and your documentation to:** <https://rainier.accessiblelearning.com/UWSP/ApplicationStudent.aspx>  **-OR-**  **Mail/fax to:**  UWSP Disability Resource Center Phone: 715- 346-3365 Website: <http://www.uwsp.edu/drc> 1801 Fourth Avenue/CCC 108 Fax: 715 346-4143  Stevens Point, WI 54481 Email: [drc@uwsp.edu](mailto:drc@uwsp.edu) | | | | | | | | | | | | |