



WEBER STATE UNIVERSITY

Disability Services

Office Use Only:

Form Received: _____

Database Updated: _____

Documentation Received: _____

Student Information

First Name	Middle	Last Name	W Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred Phone	Secondary Phone	Weber State Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact	Phone Number	Relationship (Parent, Spouse, Friend, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enrollment Information – Please check any of the following which apply to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Attending Ogden Campus | <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Concurrent Enrollment/Early College |
| <input type="checkbox"/> Attending Davis Campus | <input type="checkbox"/> Student Athlete | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Attending Other WSU Campus | <input type="checkbox"/> First Year Student | <input type="checkbox"/> Non-Degree Seeking |
| <input type="checkbox"/> Attending Online Courses | <input type="checkbox"/> Returning Student | <input type="checkbox"/> Not Currently Enrolled at WSU |

Financial Aid Received – Please check any of the following which apply to you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Pell Grant | <input type="checkbox"/> WSU Scholarship(s) | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Student Loans | <input type="checkbox"/> Other Scholarship(s) | <input type="checkbox"/> Veteran Benefits/GI Bill |
| <input type="checkbox"/> Work Study | <input type="checkbox"/> WSU Waiver/Stipend | <input type="checkbox"/> Not Currently Enrolled at WSU |

The Following demographic Information is optional and used for data management purposes only:

Race/Ethnicity/National Origin	International Student	Gender
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Accommodation History

Please summarize below any accommodations you may be currently receiving (or have received in the past) due to a disability. Note that the history of accommodation does not automatically mean you will be eligible for the same accommodations at WSU. Leave this section blank if no accommodations were received.

<input type="checkbox"/> Employment Accommodations	Employer/Type of Job
<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Academic Accommodations (Post-Secondary)	College/University Attended
<input type="text"/>	<input type="text"/>

<input type="checkbox"/> K-12 Accommodations	School(s) & Grade(s) Attended
<input type="text"/>	<input type="text"/>



Pre-Registration Form

This form is required for new students to register with Disability Services and establish eligibility for accommodations under the Americans with Disabilities Act and other applicable laws and regulations. This is not an official request for accommodations. The information provided will be used as a starting point for determining appropriate accommodations and to facilitate the accommodation process.

Student Information:

Name: _____ W#: _____

Identify any disability for which you may require accommodations:

Please indicate how this disability was originally diagnosed (if no professional diagnosis has been made, indicate anyone who suggested you might have the above disability or referred you to Disability Services):

- | | |
|--|---|
| <input type="checkbox"/> Psychologist/Psychiatrist | <input type="checkbox"/> Medical Doctor |
| <input type="checkbox"/> Guidance Counselor (K-12 School) | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Rehabilitation Services (Vocational Rehabilitation) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> College Instructor/Adivsor (WSU or other) | <input type="checkbox"/> Parent or Other Relative |
| <input type="checkbox"/> Other (Please specify): _____ | <input type="checkbox"/> Self-Diagnosed/Determine |

Please describe any limitations or barriers you have experienced (or may anticipate) related to the above disability; if possible, focus on issues related to your academic needs. Examples: "I cannot complete some exams in the time allowed" or "I cannot see well enough to read a textbook."

Disability Services cannot authorize an accommodation unless it is supported by documentation. Do you have access to official records that confirm the diagnosed disability and/or limitations as indicated above?

- Yes No Not Sure

Identify any accommodations or services which will best enable you as a student to overcome the limitations(s) indicated in the question above:



New Student Survey

To help us in providing consistent, quality services, please take a few moments to fill out this short survey.

Name: _____

W#: _____ Weber Email: _____

1. Please indicate your current status in school:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Freshman | <input type="checkbox"/> Prospective Student |
| <input type="checkbox"/> Sophomore | <input type="checkbox"/> Concurrent Student |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Graduate Student |
| <input type="checkbox"/> Senior | <input type="checkbox"/> Not Currently Enrolled |

2. Which of the following best describes why you are registering with Disability Services? (Check all that apply)

- I am requesting general assistance or advice related to a disability issues.
- I am requesting one or more specific accommodations for a disability.
- I would like assistance related to math and the Quantitative Literacy requirement.
- I was directed to Disability Services by an instructor, advisor, counselor, or other party.
- I suspect I may have a disability and need further information.
- Other (Please specify): _____

Please respond to each of the following to the best of your knowledge. Note that your replies will in no way affect your eligibility for accommodations through disability services.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
3. I am knowledgeable about my own disability and any related limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am comfortable discussing my accommodation needs with instructors and advisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am able to clearly articulate my accommodation requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am certain that I am eligible for accommodations as a disabled student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I will likely require accommodations in one form or another to achieve my academic goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability Services would like your permission to use your email and other contact information to notify you of scholarships and other opportunities in the future. You will also be invited to participate in a follow-up survey very similar to this one. Do you give Disability Services Permission to use your contact information for these purposes only? Yes No

Please return this completed form to Disability Services front desk in SC 181 (Ogden) or Bldg D2, Room 256 (Davis). Alternatively, the form can be emailed to dsc@weber.edu or dscdavis@weber.edu

Submit