

Center for Excellence in Teaching and Learning

Accessibility Resources & Services

Admitted Student Information Form

Mail to: Dewey Hall 1-154, PO Box 270359, Rochester, NY 14627

Fax to: 585-273-1116 OR E-mail to: disability@rochester.edu

Or Drop off at CETL Front Desk

Attach additional pages if needed



Name:	Student ID #:	Date:
UR Email:	D.O.B/Age:	Intended Major:
How did you hear about us?		
Status: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____		
What is your disability <i>and</i> when were you first diagnosed? Primary Diagnosis _____ Secondary Diagnosis _____ Additional Information _____		
In your own words, please describe your disability:		
On a scale of 1-10 with 10 = very strong; how do you rate your self-advocacy skills (i.e. how comfortable you are talking to professors and others about what you need): _____		
What accommodations are you requesting?		
Do you use any assistive technology? (Describe any adaptive equipment, software, etc.)		
Describe in your own words how your disability <u>significantly</u> impacts your ability to demonstrate understanding or poses a barrier in an academic setting. This initial information will guide the conversation with your Access Coordinator.		
Learning Environments (i.e., within classroom and/or labs, workshops, study groups, tutoring sessions)		
Test Taking		
Academic Skills (note taking, reading, writing)		
Assignments (time management, procrastination, problem sets, group work)		
Housing		
Dining		
Transportation		
Other barriers to academic participation not included above		
Admin Use Only:		
Form Received Date:	Appt. Date:	
Access Coordinator:	Documentation Received Date:	