**University of Maryland Baltimore County**

**Student Support Services – Student Disability Services**

**Math/Psychology Building, Room 213**

**(410) 455-2459** [**sss@umbc.edu**](mailto:sss@umbc.edu)

**sss.umbc.edu**

REQUEST FOR SERVICES FORM

***Instructions:***

***\**** *Complete all sections in ink or type. If printed, please print legibly. Please sign at the bottom.*

***\**** *Any**documentation must have the student’s name written on the top of each page for proper**identification.*

***\**** *If you need assistance in answering these questions, please call or email.*

***Note: The information you provide on this form is confidential.***

**Section I. Demographic Data**

1. Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Campus ID: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last (Legal Name) First M.I

2. Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

3. Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Campus Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UMBC Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate Email (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Gender: (Please circle) *Male Female* Birth date (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Academic Level: (Please circle) *Freshman Sophomore Junior Senior Graduate Non-degree seeking ELI*

*What is your major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Are you attending classes at the Shady Grove campus? Yes No*

6. What is your race or ethnicity? (Optional. Circle all categories that apply.) Hispanic or Latino White/Caucasian

American Indian or Alaska Native Asian or Indian/Middle-Eastern Black or African American Native Hawaiian or Pacific Islander

7. Are you an international student? *Yes No*

8.Are you a transfer student? *Yes No If yes, which school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

9. Are you a military veteran? *Yes No*

10. Are you registered and receiving assistance from DORS or the VA? Yes \_\_\_\_\_\_ No \_\_\_\_\_

If “YES”, may we contact your DORS or VA Counselor if needed? Yes \_\_\_\_\_\_ No \_\_\_\_\_

Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability Information**

11. Please check the diagnostic category (ies) below that apply.

**Note, appropriate documentation of disability must accompany this form to complete registration.**

\_\_\_ A. Visual/Sight impairment: partial sight- not correctable with normal lenses or blind

\_\_\_ B. Hearing impairment: significant bilateral hearing loss or deaf

\_\_\_ C. Orthopedic (mobility) impairment: may include wheelchair use

\_\_\_ D. Systemic health impairment (chronic health condition): Multiple sclerosis, POTS, Crohn’s disease, epilepsy/seizures, leukemia

\_\_\_ E. Autism spectrum disorder (ASD)/Asperger’s syndrome or Pervasive developmental disorders (PDD)

\_\_\_ F. Learning disorders/learning disability: reading \_\_\_ math \_\_\_ written expression \_\_\_\_

\_\_\_ G. Attention deficit disorder (ADD/ADHD) \_\_\_\_

\_\_\_ H. Speech or language impairment

\_\_\_ I. Emotional Behavioral/Mental Health

\_\_\_ J. Traumatic Brain Injury (TBI) Additional notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. How did you hear about Student Support Services: Student Disability Services?

\_\_\_ Instructor/Faculty \_\_\_ Admissions Office \_\_\_UMBC website

\_\_\_ Registrar’s Office \_\_\_ Academic Advisor \_\_\_ Another UMBC Student

\_\_\_ Upward Bound \_\_\_UMBC Staff \_\_\_ Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II. Student Personal Assessment**

1. What are your strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What are some areas of difficulty/challenge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What type of assistance are you requesting from Student Disability Services?

Note taking \_\_\_\_\_\_ Test taking\_\_\_\_\_\_ Interpreting (ASL) \_\_\_\_\_\_

Reader/scribe \_\_\_\_\_\_ Mobility access\_\_\_\_\_ Alternate format texts \_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Use of adaptive hardware and/or software: (E.g., Use of JAWS screen reader. Please indicate what you are using.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate the level (1 – 3) to which you may need assistance in the following areas:

***(Low) 1 2 3 (High)***

**Study Skills**

1. Time management \_\_\_\_ 5. Writing skills \_\_\_\_

2. Note taking \_\_\_\_ 6. Tutoring \_\_\_\_

3. Test taking strategies \_\_\_\_ 7. Managing stress \_\_\_\_

**SECTION III. Student Disability Services Registration Agreement**

The purpose of this agreement is to communicate your rights and responsibilities as a student and to complete your registration.

**Students with disabilities** have the right to:

* An equal opportunity to participate in and benefit from courses, programs, services and activities at UMBC
* Reasonable and appropriate accommodations, academic adjustments and/or auxiliary aids
* Confidentiality of information pertaining to their disability
* Information available in accessible formats

**Students with disabilities** have the responsibility to:

* Meet qualifications and maintain essential standards for courses, programs, services, and activities
* Identify as an individual with a disability when an accommodation is needed and to seek information or assistance as needed
* Document (from an appropriate professional) how the disability limits their participation in courses, programs, or services
* Follow established office procedures for obtaining information, services, and reasonable accommodations
* Notify Student Disability Services of changes in disability status (i.e., worsening of condition), class/course changes, and/or challenges encountered
* Students must complete an Accommodation Card with their course schedule at the beginning of each semester at UMBC in order for instructors to be notified of approved accommodations

I hereby swear and affirm that the information reported on this form and any attachment hereto is true and accurate to the best of my knowledge. I understand that Student Disability Services will use the data provided to assist in my academic planning and access.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

Please attach your documentation of disability, including a diagnosis by a qualified professional, as well as any testing results with this form in order to complete the registration process. An intake will be scheduled upon review of the documentation.

Allow up to two weeks processing time.