University of Alaska Fairbanks (UAF) Disability Services
Application for Academic Accommodations

This application contributes to the interactive process used to determine eligibility for academic accommodations. If you need assistance filling out this form, phone 474-5655, e-mail uaf-disabilityservices@alaska.edu, or refer to the Disability Services website at www.uaf.edu/disability.

Date:

Demographic Information

Name (please print): Last

First

MI

Student ID:

Date of Birth:

Home Phone:

Cell Phone:

Mailing Address:

Street or PO Box

City

State

Zip

Home Address:

Street or PO Box

City

State

Zip

Preferred E-mail:

Gender / Pick Your Pronoun: □ Xe □ He □ She

Are you a U.S. military veteran? □ Yes □ No

Do you receive VA educational benefits? □ Yes □ No

Are you employed?: □ Yes □ No

On average, how many hours per week do you work? ______

Employer:

UAF Campus Location:

Major/Minor: Total number of credits this semester:

I am seeking a(n): □ Certificate □ Associate's □ Bachelor's □ Master's □ Doctorate

Number of credits taken to date: GPA:

Anticipated date of graduation:

Are you on academic probation? □ Yes □ No

Financial aid probation? □ Yes □ No

What are your educational and/or work goals? How have you achieved past goals?

I was referred to Disability Services by ______

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Disability & Education History

In your own words, describe your diagnosed disability and/or current circumstances:


Highest level of education completed: __________________________ Year: __________________________

College(s) Attended: __________________________ Year(s): __________________________

College(s) Attended: __________________________ Year(s): __________________________

High School(s) Attended: __________________________ Location(s)/Years: __________________________

High School(s) Attended: __________________________ Location(s)/Years: __________________________

Did you receive accommodations in high school or at other colleges/universities? If yes, please list the accommodations that were helpful.


Rate how your functional limitation affects your participation in the following major life activities:

<table>
<thead>
<tr>
<th>Limitation is: 1 = Not At All</th>
<th>2 = Mild</th>
<th>3 = Moderate</th>
<th>4 = Severe</th>
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<tbody>
<tr>
<td>Caring for oneself</td>
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<tr>
<td>Talking</td>
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<td>Hearing</td>
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<td>Seeing</td>
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<td>Walking/Standing</td>
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<td>Lifting/Carrying</td>
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<td>Sitting</td>
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<tr>
<td>Performing Manual Tasks</td>
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<td>Eating</td>
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<td>Working</td>
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<td>Interacting with others</td>
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<tr>
<td>Sleeping</td>
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Learning

<table>
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<tr>
<th>Learning</th>
<th>1</th>
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<td>Reading</td>
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<td>Writing</td>
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<td>Calculating</td>
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<td>Concentrating</td>
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<td>Memorizing</td>
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<td>Listening</td>
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<td>Processing</td>
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<tr>
<td>List others below:</td>
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</table>

Describe your learning style: □ Visual □ Auditory □ "Hands-On" □ Mixed

In what way does your disability interfere with your ability to access higher education?


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Disability & Education History Continued

What are your **academic** areas of concern?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please list the academic accommodations you are requesting.

________________________________________________________________________

________________________________________________________________________

Do you have any papers that verify a diagnosis and that would help us better understand your circumstances?

________________________________________________________________________

________________________________________________________________________

Describe any accommodations that you feel would give you more access to **campus life**:

________________________________________________________________________

________________________________________________________________________

How have you managed obstacles or difficulties you have encountered in the past? What methods or strategies did you use?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Campus & Community Resources for Well-being

Do you have a strong support network? Do you use your support network in times of need or crisis?

________________________________________________________________________

________________________________________________________________________

Do you have any **social** concerns that might affect your academics or well-being?

________________________________________________________________________

________________________________________________________________________

Is there anything else you would like us to know that may affect your academic performance (i.e. life changing events, health complications, study skills, financial concerns)?

________________________________________________________________________

________________________________________________________________________

Please check the box of any campus resources you would like further information about:

- □ Academic Advising
- □ Health Center
- □ Rural Student Services
- □ Admissions
- □ Math & Stat Lab
- □ Student Recreation Center
- □ Computer Labs
- □ Registration
- □ Student Support Services
- □ Counseling
- □ Residence Life
- □ Writing Center

Please check all of the community resources listed below that you access: □ Not applicable

- □ Access Alaska
- □ Department of Veterans Affairs
- □ Social Security
- □ Adult Learning Programs of Alaska
- □ Division of Vocational Rehabilitation
- □ Tanana Chief Conference
- □ Alaska Native Health
- □ Literacy Council of Alaska
- □ Van Tran

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Assistive Technology, Software, & Computer Experience

Do you have adequate computer skills for accessing educational resources online (such as Blackboard, DegreeWorks, UAF Webmail, UAOntline, and the Rasmuson Library’s academic search engines / Interlibrary Loans)?

What type of computer do you own? ___________________________ Year Made/Purchased: ___________________________

Your computer/technology/software skills are:  □ Basic  □ Intermediate  □ Advanced

What Assistive Technologies have you used in the past?

□ Adobe Reader  □ Alternative Text Books / Readers  □ Dolphin Easy Reader
□ Dragon Naturally Speaking  □ Jaws  □ Read & Write Gold
□ Scan & Read Technology: ___________________________  □ Smart Pen: ___________________________  □ Speech to Text Software
□ Voice Activation Software  □ Voice Recorder  □ ZoomText
□ Phone App(s): ___________________________  □ Other: ___________________________  □ No prior experience

What types of Assistive Technologies do you think will help create equal access to your academics? Explain.

Agreement to Terms and Conditions for Academic Accommodations

By signing below, you testify that the information you have provided in this application is accurate and true to the best of your knowledge.

Please initial by each statement and sign below.

I understand that:

_____ I must meet the standards set forth by my program of study and the classes I select, and that my accommodations are not intended to alter standards.

_____ I am responsible for following UAF Policies & Procedures and the UAF Student Code of Conduct.

_____ I need to contact the Director of Disability Services at the beginning of each semester in order to get my Letter of Accommodation renewed.

_____ I must notify Disability Services in a timely fashion if I am experiencing unforeseen difficulties related to my disability or if the accommodations in place are not effective. I need to meet with my instructor(s) to discuss my accommodations at the beginning of each semester.

Student Signature ___________________________ Print Name ___________________________ Date ________________

UAF Disability Services Representative Signature - Witness ___________________________ Date ________________

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