

Please print neatly or type in the information requested
All statements on this form should be completed by student

Student Registration/Self-Assessment

Today's Date: _____

Start Date: _____

I Contact Information:

Name: _____ 800# _____

Contact # Primary: _____ Contact# Secondary: _____

E-Mail, Primary: _____ Secondary: _____

II Current/Recent Impact of disability:

- Describe in as much detail as possible how the diagnosed condition is currently impacting and substantially limiting your ability to learn and assess (test):

Disability: _____

Areas of Potential Impact and Strategies Utilized:

- **Reading:**

- **Writing:**

- **Math:**

- **Note-Taking:**

- **Time Management:**

- **Organization:**

- **Testing:**

- **Have you been taught strategies/compensation skills for your learning difficulties? If yes please explain.**

- **How have previously received accommodations and/or resource room supports that helped you?**

- **What accommodations are you requesting at this time and why?**

Regarding any physical or mental health condition, have you tried any medical or educational interventions (counseling, medication...) to mediate the impact? Please explain what these were and how they have helped or not helped.

****Please list any disability related medications you are taking:**

Name: _____ Amount/Times per day: _____

Please explain how this medication helps:

Does this medication impact learning? If yes, please explain:

III General Information:

Motivation:

Values/Interests:

Goals/Why are you here at Delhi:

Any other information that you think would be helpful for us to know:

Are your classes: _____ **Campus Classroom** _____ **Online** _____ **Combination of Both**

IV Learning Mode: How you learn best? Please rank each group (1 best-4 worst)

_____ Lectures, readings (Auditory) _____ Movies, TV, Computer (Multi-sensory)
_____ Books, Workbooks, Handouts, Diagrams, (Visual) _____ Modules, Experiments (Tactile)

V Brief Academic History:

Were you in Self Contained./Inclusion Classes?	Yes	No
Were you in Resource Room?	Yes	No
Did you experience any social/communication/peer relationship difficulties?	Yes	No
Have you ever had problems with general class attendance?	Yes	No

What subject areas did you excel in?

What subjects challenged you and why?

VI General Learning Style:

a) Study Habits and Environment:

(Mostly)

- | | | |
|--|-------|----|
| 1. Do you have good time management skills? | Yes | No |
| 2. Are you well organized? | Yes | No |
| 3. Are you usually prepared for class? | Yes | No |
| 4. Do you prepare an outline prior to writing? | Yes | No |
| 5. Are you able to complete a multi-step project independently? | Yes | No |
| 6. When reading, are you sure of what is important to write down or highlight? | Yes | No |
| 7. Are you comfortable integrating content information from many sources? | Yes | No |
| 8. Do you find studying in groups helpful? | Yes | No |
| 9. How many hours a day you study? | _____ | |
| 10. How long do you typically study for an upcoming exam? | _____ | |

b) Learning

(Mostly)

- | | | |
|---|-----|----|
| 11. Do you have problems processing auditory information? | Yes | No |
| 12. Do you have problems following oral directions?(Listening/hearing) | Yes | No |
| 13. Do you have problems processing visual information? | Yes | No |
| 14. Are you uncomfortable reading a college level textbook? | Yes | No |
| 15. Do you have trouble finding the “right word(s)” to describe something orally? | Yes | No |

c) Assignments

(Mostly)

- | | | |
|--|-----|----|
| 16. Do you have difficulty completing HW/worksheets? | Yes | No |
| 17. Do you have difficulty writing essays? | Yes | No |
| 18. Do you have difficulty writing longer papers? (3+ pages) | Yes | No |
| 19. Do you have difficulty sticking with an assignment until completion? | Yes | No |

d) Tests

20. Which of the following types of tests do you find difficult?

Short answer/Essay_____ Multi-choice/True-False_____ Computation/Math _____ Oral _____

21. Do you get anxious or nervous before tests? Yes No

22. Are you successful at test taking? Yes No

My signature affirms that I and no one else have filled this form out to the best of my knowledge.

Student Signature_____ **Date**_____