

## Information Form

*\*Please complete form & return via email, fax, mail or bring it with you to your scheduled initial appointment with SAS\**

### **Student's Demographic Information:**

Date \_\_\_\_\_

Name (first, middle, last) \_\_\_\_\_

Maine Street ID # \_\_\_\_\_ DOB \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Preferred Name/ Nickname \_\_\_\_\_

Local or Campus Address \_\_\_\_\_

Cell Phone/Local Phone # \_\_\_\_\_ Permanent/Home Phone # \_\_\_\_\_

Email \_\_\_\_\_@maine.edu

Class Standing: \_\_\_ prospective student \_\_\_ incoming accepted student \_\_\_ 1<sup>st</sup> year \_\_\_ sophomore \_\_\_ junior  
\_\_\_ senior \_\_\_ graduate student \_\_\_ visiting student (summer/ winter classes only) What is your major? \_\_\_\_\_

### **Student's Disability Information:**

#### **Reason for Visit:**

\_\_\_ I have a documented disability and am interested in requesting academic accommodations in my classes.

If yes, have you had the documentation sent to SAS? \_\_\_ Yes \_\_\_ No

\_\_\_ I am struggling academically and/or socially at the University

\_\_\_ I was referred to the SAS office by a faculty or staff member because they think I might have disability

#### **If you have a disability or believe that you do, please indicate the type below (check all that apply):**

\_\_\_ ABI/TBI

\_\_\_ Learning Disability

\_\_\_ ADD/ADHD

\_\_\_ Mental Health Disability

\_\_\_ Autism Spectrum Disorder/ Aspergers

\_\_\_ Mobility Disability

\_\_\_ Blind/Vision disorder

\_\_\_ Neurologic Disability

\_\_\_ Chronic Health Disability

\_\_\_ Other (please list) \_\_\_\_\_

\_\_\_ Deaf/Hard of hearing

\_\_\_ Temporary Disability (ex: broken leg or arm)

If you have a disability and have ever used accommodations and/or auxiliary aids in high school or at another college, please indicate the type below (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Accessible furniture                              | <input type="checkbox"/> notetaking assistance              |
| <input type="checkbox"/> Accessible transportation                         | <input type="checkbox"/> preferential/front row seating     |
| <input type="checkbox"/> Alternate format for books (e-text)               | <input type="checkbox"/> reader for exams/quizzes           |
| <input type="checkbox"/> Assistive technology ( <i>please list</i> ) _____ | <input type="checkbox"/> scribe for exams/quizzes           |
| <input type="checkbox"/> captioned films and videos                        | <input type="checkbox"/> sign/oral language interpreters    |
| <input type="checkbox"/> enlarged font for exams, books, and handouts      | <input type="checkbox"/> tape recorder                      |
| <input type="checkbox"/> extended time for exams/quizzes                   | <input type="checkbox"/> use of a computer on exams/quizzes |
| <input type="checkbox"/> FM System/classroom amplification                 | <input type="checkbox"/> use of a spell checker             |
| <input type="checkbox"/> Other ( <i>please list</i> ) _____                |   |

**What accommodations were the most effective accommodations and why?**

\_\_\_\_\_

**What accommodations are you requesting at the University of Maine?**

\_\_\_\_\_

**General Questions:**

**1. Are you working with the Academic Support Office for Student Athletes?**  yes  no

**2. Are you receiving case management services from Vocational Rehabilitation or others?**  yes  no

If yes, what is your Case Manager's name and contact information? \_\_\_\_\_

**4. Is there anything else regarding your disability that you would like the SAS office to know about?**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Release of Disability Information:**

I give Student Accessibility Services permission to release information related to the nature of my disability and functional limitations that might help my professors, their respective deans, my academic advisor, and coaches/athletic advisors to understand my disability and provision of accommodations. This will be in effect until I submit in writing restrictions related to the release of disability information.

I agree that typing my name in the signature box below constitutes an electronic signature and is the legal equivalent of my manual signature on this form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_