

Mark one disability P and the others S, if more than one.

MOBILITY/PHYSICAL

- Paraplegia
- Quadriplegia
- Cerebral Palsy
- Amputation
- Arthritis/Rheumatism
- Multiple Sclerosis
- Muscular Dystrophy
- Spina Bifida
- Recurrent Dislocations
- Lupus
- Lyme's Disease

HEALTH

- AIDS/HIV Positive
- Alcohol/Chemical Dependency
- Asthma/Respiratory Disease
- Cardiac Condition
- Chronic Pain
- Cystic Fibrosis
- Diabetes
- Seizure Disorder
- Hemophilia
- Kidney Disease
- Cancer
- Fibromyalgia
- Crohn's Disease
- Sickle Cell Anemia

SENSORY/COMMUNICATION

- Deaf
- Hard of Hearing
- Speech Impairment
- Visual Impairment

OTHER

- Learning Disability
 - ADD/ADHD
 - Autism Spectrum Disorders
 - Brain Injury
 - Psychological Disability
 - Diagnosis in Progress
 - Other (specify below)
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18. Please describe the nature of your disability more completely _____

19. What accommodation services have you received in the past? _____

20. What accommodation services are you interested in receiving? _____

Student Signature _____

Provision of disability-related services may involve SAC communicating with appropriate university personnel who have a legitimate educational interest.

Intake Counselor _____ Checked for accuracy/completeness? _____ Disabilities labeled P & S? _____

Data Entry Date _____