

DISABILITY RESOURCE CENTER

Student Services Building 124 Room 119 • San Luis Obispo • CA 93407-0205
(805) 756-1395 Voice/TTY
(805) 756-5451 FAX

STUDENT APPLICATION FOR SERVICES

Demographic Data:

Name: _____ Date: _____

Student ID: (not SSN) _____

Local Address _____ Street _____ City _____ State _____ Zip Code _____

Permanent Address _____ Street _____ City _____ State _____ Zip Code _____

Phone Cell: _____ Permanent: _____

Cal Poly Email: _____

Student Status:

First year freshman Entry quarter: _____

First year Transfer Student Entry quarter: _____

Continuing Cal Poly Student Class Level: _____

Graduate/Credential Student Entry quarter: _____

Major: _____

Disability Information:

1. Please list strengths:

2. Please identify your disabilities.

3. Please identify any other issues or concerns impacting your academic performance.

4. Please describe how your disabilities impact your overall quality of life.

Functional Limitations: Please check the level of limitation you believe you experience as a result of your disabilities. Check only those boxes that apply.

1 = Not Sure 2 = Mild 3 = Severe

1	2	3		1	2	3	
			Caring for Oneself				Learning:
			Talking				• Reading
			Hearing				• Writing
			Breathing				• Spelling
			Seeing				• Quantitative Reasoning
			Walking/Standing				• Math Calculating
			Lifting/Carrying				• Processing Speed
			Sitting				• Memorizing
			Performing Manual Tasks				• Concentrating
			Eating				• Listening
			Working				Other:
			Interacting with Others				
			Sleeping				

Service History: Please check/describe any services you have received in the past under “Previously Received.” Please check those services you are interested in requesting at Cal Poly under “Requesting at Cal Poly.”

Support Services and Accommodations	Previously Received (Please Describe)	Requesting at Cal Poly
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Test Accommodations (Please List/Describe):		
Assistance with Note Taking (Please Describe):		
Document Conversion: <input type="checkbox"/> Audio Format <input type="checkbox"/> Enlarged Text <input type="checkbox"/> Braille		
Adaptive Equipment: <input type="checkbox"/> 2 or 4-Track Tape Player <input type="checkbox"/> Digital Audio Player <input type="checkbox"/> Magnification Software <input type="checkbox"/> Screen Reading Software <input type="checkbox"/> Other		
Sign Language Interpreting		
Real Time Captioning		
Assistive Listening Device		
Other:		
Other:		