

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 TEMPORARY 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 identify your temporary disabilities.

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

Services Requested:

Transportation: _____

Test Accommodations (Please describe) _____

Note-taking Assistance (Please describe) _____

Other: _____

Functional Limitations: Please check the level of limitation you believe you experience as a result of your temporary disabilities.

1 = No Impact

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 | | | | |