

Longwood University Student Registration Form

Office of Disability Resources

About You

Name: _____ Date: _____
First M.I. Last

LU Number: _____ Date of Birth: _____

Cell Number: _____ Permanent Number: _____

Longwood E-Mail: _____@live.longwood.edu

Gender (Mark Only One):

____ Male
____ Female
____ Other

Racial/Ethnic Background (Mark Only One) :

____ American Indian/Alaskan Native
____ Asian/Native Hawaiian/Pacific Islander
____ Black/African American
____ Hispanic/Latino (including Puerto Rican)
____ White/Caucasian
____ Multi-Racial
____ Other

Do you receive Vocational Rehabilitation services (circle one)? ____ YES ____ NO

If you answered yes, who is your case manager? _____

Student Status, Please Check One

- Prospective** _____
Date of Anticipated Enrollment
- Non Degree Seeking** _____
- Transfer** _____
Name of Previous Institution
- Undergraduate** _____
Date of First Enrollment Major/Degree
- Graduate/Professional** _____
Date of First Enrollment Degree

About Your Disability

1. Please state your diagnosed disability (ies) and the date of onset. _____

2. Please describe how your disability affects you both outside and inside the classroom, including testing and studying situations (use additional page if needed). _____

3. Please write the name and phone number of your physician(s). _____

About Your Educational History

1. Did you have an IEP in school (check one)? ___ YES ___ NO
2. Did you have a 504 Plan in school (check one) ___ YES ___ NO
3. Please list any accommodations you have received in the past. _____

4. Did you receive assistance with physical access of buildings or classrooms? If so, please describe. _____

5. Did you receive any type of housing accommodation? If so, please describe. _____

6. Did you receive any type of assistive technology? If so, please describe. _____

Current Needs

Please list the accommodations you would like to have at Longwood: _____

**Does your disability affect any of the major life function listed below?
 Please check the appropriate box for each of the following:**

<u>Activity</u>	<u>Somewhat</u>	<u>A Great Deal</u>	<u>Activity</u>	<u>Somewhat</u>	<u>A Great Deal</u>
Caring for Myself	<input type="checkbox"/>	<input type="checkbox"/>	Learning	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	Reading	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Writing/Spelling	<input type="checkbox"/>	<input type="checkbox"/>
Walking/Standing	<input type="checkbox"/>	<input type="checkbox"/>	Calculating	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Carrying	<input type="checkbox"/>	<input type="checkbox"/>	Memorizing	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	Concentrating	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	Listening	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	Taking Exams	<input type="checkbox"/>	<input type="checkbox"/>
Working	<input type="checkbox"/>	<input type="checkbox"/>			
Interacting w/ others	<input type="checkbox"/>	<input type="checkbox"/>			
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>			

Adapted from the University of Wisconsin's McBurney Disability Resource Center's Student Intake Form

"To request the information provided in this document in an alternate format contact the Office of Disability Resources at 434-395-4935(TRS 711)".

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