



# FERRIS STATE UNIVERSITY

## Educational and Career Counseling Center and Disabilities Services

### QUESTIONNAIRE FOR STUDENTS WITH TRAUMATIC BRAIN INJURY/ACQUIRED BRAIN IMPAIRMENT DISORDERS

In an effort to identify how your Traumatic Brain Injury/Acquired Brain Impairment Disorder diagnosis is currently and uniquely impacting you, we ask that you fill out the following questionnaire.

Documentation of your disability from a licensed professional, as stated in the *Disabilities Services Guidelines*, is the primary source of information used for establishing your eligibility for disability services. This questionnaire exists to help Disabilities Services gather additional information, from a personal perspective, about how you see your diagnosis impacting your academic and personal life.

**Please note**, the information we are gathering is for the sake of learning how your diagnosis uniquely impacts you; however, the primary role of Disabilities Services is to provide *academic accommodations* based on the manifestations and academic implications of the diagnosis. Information gathering within the listed categories does not necessarily mean that accommodations will be provided for those areas (transportation, spatial issues, social issues, etc).

Please have a parent, spouse, counselor or someone who knows you well review this with you after filling it out. Please provide as much information as possible. After completion, mail or fax to:

**Ferris State University / University College / Department Head  
Educational and Career Counseling Center & Disabilities Services  
901 S State Street, Starr 313  
Big Rapids, Michigan 49307  
Phone & TDD (231) 591-3057 Fax (231) 591-3939  
E-mail: disabilities@ferris.edu**

Upon receipt, Disabilities Services will contact you to schedule a one hour appointment to:

- Review your documentation,
- Explain the role of Disabilities Services,
- Explain what Disabilities Services can and cannot do as an office of disability service,
- Discuss other aspects of the educational experience you may expect to encounter as a student at Ferris State University.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Individual assisting with questionnaire: \_\_\_\_\_  
Relationship to student \_\_\_\_\_



# FERRIS STATE UNIVERSITY

## Educational and Career Counseling Center and Disabilities Services

### Disability/Assessment information

What do you believe your disability/ diagnosis to be?

When were you first diagnosed?

Date of last diagnostic assessment? By whom?

How would you describe your diagnosis and how it affects you to others?

What support services or accommodations have you used in the past?

What accommodations are you requesting at Ferris State University?

What medications are you currently taking?

How will you obtain them while at college?

### Interests/Skills

Do you have a particular hobby or specific area of interest? Please describe.

What are your career plans?

What do you consider your greatest strength or what you are good at?

What do you consider a weakness or something you find difficult?

### Work Experience

What jobs have you held in the past?

What did you like and dislike about each?



# FERRIS STATE UNIVERSITY

## Educational and Career Counseling Center and Disabilities Services

### Housing Needs

Describe your current living arrangement (i.e. with parents, in dorm, with roommate etc)

Where do you plan to live while attending college? With whom?

Describe your living habits (i.e. privacy, personal space needs, orderliness, etc.)

Do you have particular dietary needs/preference? Please describe.

### Transportation

Do you drive?

Do you use public transportation?

How will you get to your classes? Around campus?

### Support Network

Who will be the support persons available to you on an ongoing basis while you are at college? Examples: parent, spouse, therapist/counselor, coach, etc.

What kinds of things do these people currently provide for you (i.e. what roles do each play)?



# FERRIS STATE UNIVERSITY

## Educational and Career Counseling Center and Disabilities Services

Do you obtain services from the Michigan Rehabilitation Services (or if from out of state, your state's disability support services)? If so, what do they provide for you? Please provide their name, county, address and phone number.

### Medical/Physical Issues

Do you experience difficulty with medication side effects? What type?

Do you experience difficulty sustaining concentration? In what respect?

Do you experience any difficulty maintaining stamina or energy?

Do you experience any difficulty with mood fluctuations or disordered thought processes?

Do you experience any difficulty with anxiety or hypervigilance?

What is your plan for managing the medical and/or physical aspects of your disability?

### Sensory Issues

Do you have a difficult time screening out any of the following environmental stimuli?

- Lights or visual disturbance/Sights
- Odors
- Noise/Sounds
- Touch
- Tastes/Textures
- Crowds of People

Other...please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# FERRIS STATE UNIVERSITY

## Educational and Career Counseling Center and Disabilities Services

### Stress Tolerance

Do you experience any difficulty managing anxiety and stress from time pressures, multiple tasks, and exams?

Do you experience test anxiety?

What particular situations trigger a stress response in you?

What do you do, or what will others see when you become; fearful, angry or frustrated?

What coping behaviors do you use to reduce your stress or anxiety?

Do you experience any difficulty responding to change, unexpected assignments, interruptions?

Please rate on a scale from 1-10 the following examples of day-to-day changes you may encounter as a student based on your ability to manage the stress it may cause you.

*“No big deal” = 1-2*

*“I’d be anxious but OK” = 5-6*

*“I would be very angry or scared and it would be impossible for me to continue” = 9-10*

- The seat you usually sit in is taken when you get to class.
- You have to look for a different parking spot every day.
- The professor has left a note on the classroom door explaining that class will be held in an alternative building today.
- You are called upon in class to discuss a reading with a student next to you.
- The bookstore does not have the book you need when you arrive to purchase it.
- Your professor announces a pop quiz when you enter the room.
- Your roommate ate food that belonged to you which was in your shared refrigerator.
- The bus you are riding forgets to stop at your stop to let you off.
- You must walk through a very crowded hallway every time you need to get to your classroom.
- The grade you get on your first paper (you thought was A quality) is a C- and the professor instructs you to see him about it.

Do you have any psychological concerns?



# FERRIS STATE UNIVERSITY

## Educational and Career Counseling Center and Disabilities Services

### Fine Motor/Dexterity

Do you use a computer?

Do you own a laptop?

Is your handwriting legible?

Do you write slowly?

Do you take good notes during a lecture?

### Academic Issues/Classroom/Homework

Do you have any difficulty with receptive and/or expressive language (oral and/or written)?

Do you have any difficulty with speed of processing information?

### Cognitive Issues

Do you have any difficulty with memory, long term, short term or sequential?

Do you have any difficulty with abstract thinking, reasoning, problem solving?

Do you have any problems with attention and concentration?

### Social Issues

Do you perceive any difficulty interacting with others?

Do you have any difficulty managing frustrations and social behavior?

Do you perceive any apprehension with approaching of authority figures?

Do you have difficulty accepting and/or responding to negative feedback?

Do you prefer spending time with your friends or spending time alone?

What activities do you like to do with others? (movies, computer games, baseball, etc)?



# FERRIS STATE UNIVERSITY

## Educational and Career Counseling Center and Disabilities Services

When interacting with others, do you have difficulty:

- Getting along with others?
- Fitting in?
- Contributing to group work?
- Reading social cues?

How do you prefer to communicate (email, phone, in person) with the following groups:

- Instructors or support persons?
- Other students?
- Friends and/or family?

What do you perceive as your strengths as a communicator?

<b>Time Management/Organization Issues</b>
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Do you have difficulty planning realistic goals and determining the steps needed to reach them?

Do you have difficulty starting projects or papers?

Do you have trouble using or structuring free time?

Do you have difficulty making appointments, remembering them or getting to them? If so, describe.

Do you use a planner, Palm Pilot or other organizational system?

How do you decide on the importance or priority of tasks? (i.e. studying different subjects)

Is your work/ study area organized/neat or disorganized/messy?



# FERRIS STATE UNIVERSITY

## Educational and Career Counseling Center and Disabilities Services

<b>Disclosure/Advocacy</b>
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Whom do you plan to inform of your diagnosis at Ferris State University?

Are you able to talk with an instructor or staff about the impacts of your disability?

How would you like Disabilities Services to assist you with disclosure issues?

What do you think your greatest challenge or barrier to success at the college will be?