



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

QUESTIONNAIRE FOR STUDENTS WITH AUTISM SPECTRUM/PERVASIVE DEVELOPMENTAL DISORDERS

(Includes Asperger's Disorder, Autistic Disorder,
and Pervasive Developmental Disorder Not Otherwise Specified)

In an effort to identify how your Pervasive Developmental 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 and 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.

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?

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?



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

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?

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?



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

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)?

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.

Sensory Integration

Are you sensitive to certain stimuli?

- Lights or visual disturbance
- Odors
- Noise
- Touch
- Tastes/Textures

Other...please explain. _____

Stress Tolerance

What particular situations trigger a stress response in you?



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

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

Do you use manipulatives, comfort objects or repetitive behaviors to reduce your stress or anxiety? If so, please describe.

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.

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?

Spatial Issues

Do you have trouble recognizing people’s faces?



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

Do you have difficulty navigating different environments or remembering directions? If so, what strategies do you use to help you? (maps, photos, etc.)

Social Issues

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)?

When interacting with others, do you have difficulty:

- monitoring your voice level?
- knowing when to start or stop talking?
- knowing how to begin, maintain or end a conversation?
- making eye contact with others while talking?

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

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

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?



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

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?

Disclosure/Advocacy

Whom do you plan to inform of your diagnosis at Ferris State University?

Are you able to talk with an instructor, staff or teaching assistants 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?

Is there any additional information about yourself that you would like Disabilities Services to know?