



# FERRIS STATE UNIVERSITY

**Educational and Career Counseling Center and Disabilities Services**

## **QUESTIONNAIRE FOR STUDENTS WITH SPECIFIC LEARNING DISABILITIES**

(Includes Auditory Processing Disorders, Dyscalculia, Dysgraphia, Dyslexia, Dyspraxia, Information Processing Disorders, and Visual Processing Disorders)

In an effort to identify how your Specific Learning Disability 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.

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

Date: \_\_\_\_\_

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



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### 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?



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### 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.

### 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 identify their name, address, county and phone number.

### Sensory Issues

Do you have any difficulty concentrating for long periods of time or in certain situations?

Are there certain visual and/or auditory distractions that impact your attention to detail and accuracy?



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Are you sensitive to any of the following stimuli?

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

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

\_\_\_\_\_

<b>Stress Tolerance</b>
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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 mechanisms do you use 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.



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### 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

- Do you have difficulties with writing and/or test performance?
- Do you have difficulties with expressing yourself verbally?
- Do you frequently request verbal and/or written clarification when you don't understand something?
- Do you have difficulties with following verbal or written directions?
- Do you have difficulty copying information from a distance with accuracy?
- Do you have difficulty reading and comprehending silently?
- Do you have trouble reading and comprehending when you read out loud?
- Do you have difficulties in the rate of speed with which you process verbal or written information?
- Do you have difficulties with math?
- Do you perform inconsistently on tests?
- Do you have any memory difficulties?
- What do you see as your academic strengths?

### Social Issues

- Do you have any difficulty with interpreting social cues and subtle differences in body language?
- 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)?



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When interacting with others, do you have difficulty:

- Fitting in?
- Contributing to group work?
- Knowing how to begin, maintain or end a conversation?
- Explaining yourself?

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

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

<b>Time management/organization issues</b>
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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?

<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, 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?