



FERRIS STATE UNIVERSITY

Educational Counseling and Disabilities Services

QUESTIONNAIRE FOR STUDENTS WITH TRAUMATIC BRAIN INJURY/ACQUIRED BRAIN INJURY 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 *Summary of Disability Documentation* guidelines, is the primary source of information used for establishing your eligibility for disability services. This questionnaire exists to help Educational Counseling and 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 purpose of learning how your diagnosis uniquely impacts you; however, the primary role of Educational Counseling and Disabilities Services is to provide *academic accommodations* based on the manifestations and academic implications of the diagnosis. Information gathered 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
Educational Counseling and Disabilities
Services Arts and Sciences Commons 1017
Big Rapids, Michigan 49307
Phone (231) 591-3057 Fax (231) 591-3939
E-mail: ecds@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: _____

Student ID Number: _____

Cell Phone Number: _____

Ferris Email: _____

Individual assisting with questionnaire: _____

Relationship to student: _____



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

Medical/Physical Issues

Do you experience difficulty sustaining concentration? Please explain:

Do you experience any difficulty starting and completing tasks?

Do you experience any difficulty with mood shifts or confused thinking?

Are you unusually sensitive to noise and visual information?

Stress Tolerance

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

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?

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



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Fine Motor/Dexterity

- Do you use a computer?
- Do you use/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 authority figures?



FERRIS STATE UNIVERSITY

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

When interacting with others, do you have difficulty:

- Getting along with others?
- Reading social cues?

Time Management/Organization Issues
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Do you have difficulty making appointments, remembering them, or arriving on time? If so, describe.

Do you use a planner or another type of organizational system?