



FERRIS STATE UNIVERSITY

Educational Counseling and Disabilities Services

QUESTIONNAIRE FOR STUDENTS WITH AUTISM SPECTRUM 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 *Summary of Disability Documentation* guidelines, is the primary source of information used for establishing your eligibility for disability services. This questionnaire will 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 Science 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?

Disability/Assessment Information
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What do you understand 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 and others?

What are your career plans?

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

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

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.).



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Stress Tolerance

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?

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

Fine Motor/Dexterity

Do you use a computer?

Do you use a laptop?

Is your handwriting legible?

Do you write slowly?

Do you take good notes during a lecture?

Social Issues

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?

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 or another type of organizational system?



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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?

How would you describe your communication skills with others?

Is there additional information that you would like Educational Counseling and Disabilities Services to know about you?