



# FERRIS STATE UNIVERSITY

## Educational Counseling 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 *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 Sciences Commons 1017  
Big Rapids, Michigan 49307  
Phone (231) 591-3057 Fax (231) 591-3939  
E-mail: [ecds@ferris.edu](mailto: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: \_\_\_\_\_



# FERRIS STATE UNIVERSITY

## Educational Counseling and Disabilities Services

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

### 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?

### Support Network

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.

### 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?



# FERRIS STATE UNIVERSITY

## Educational Counseling and Disabilities Services

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?

<b>Disclosure/Advocacy</b>
----------------------------

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?

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