



FERRIS STATE UNIVERSITY

Educational Counseling and Disabilities Services

QUESTIONNAIRE FOR STUDENTS WITH PHYSICAL, SENSORY, AND/OR MEDICAL DISORDERS

(Includes Vision Impairments, Hearing Impairments, Physical Impairments, ADHD/ADD, Psychiatric/Psychological Impairments, Traumatic Brain Injury/Acquired Brain Impairments and Other Medical Conditions.)

In an effort to identify how your Physical, Sensory, and/or Medical (PSM) 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 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: _____

Ferris State University, Educational Counseling and Disabilities Services, ASC 1017, Big Rapids, Michigan, 49307 Phone (231) 591-3057, FAX (231) 591-3939, E-mail: ecds@ferris.edu / Questionnaire for Students with Physical, Sensory, and/or Medical Disorders / Last Updated: August 2012



FERRIS STATE UNIVERSITY

Educational Counseling and Disabilities Services

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

Transportation

How will you get to your classes and/or around campus?

Stress Tolerance

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

Fine Motor/Dexterity

Do you use a computer? If so, what kind – desktop or laptop?

Do you use assistive technology?

Is your handwriting legible?

Do you write slowly?

Do you take good notes during a lecture?

Social Issues

Do you perceive any difficulty interacting with others?



FERRIS STATE UNIVERSITY

Educational Counseling and Disabilities Services

Medical/Physical Issues

Do you experience difficulty with medication side effects? What type?