



# FERRIS STATE UNIVERSITY

## Educational Counseling and Disabilities Services

### QUESTIONNAIRE FOR STUDENTS WITH PSYCHIATRIC/PSYCHOLOGICAL DISORDERS

(Includes Mood Disorders, Anxiety Disorders, Psychotic Disorders and Other Disorders Identified in the DSM-IV TR accepted as a disability.)

In an effort to identify how your Psychiatric/Psychological 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](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, ASC 1017, Big Rapids, Michigan, 49307 Phone (231) 591-3057, FAX (231) 591-3939, E-mail: [ecds@ferris.edu](mailto:ecds@ferris.edu) / Questionnaire for Students with Psychiatric/Psychological 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?

### 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.

Do you obtain services from the Michigan Rehabilitation Services (or if you are from out of state, your state's disability support services)? If so, what do they provide for you? Please identify the name, county, address and phone numbers of your service provider.

### Medical/Physical Issues

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

Do you experience difficulty sustaining concentration? In what respect?

Do you experience any difficulty maintaining stamina or energy?

What is your plan for managing the medical and/or physical aspects of your disability?

### Sensory Issues

Do you have a difficult time screening out any of the following environmental stimuli?

- Lights or Visual Disturbance/Sights
- Odors
- Noise/Sounds
- Touch
- Tastes/Textures
- Crowds of People

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



# FERRIS STATE UNIVERSITY

## Educational Counseling and Disabilities Services

### Stress Tolerance

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

Do you experience anxiety when taking tests?

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 or anxiety?

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

### Social Issues

Do you perceive any apprehension with approaching authority figures?

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

When interacting with others, do you have difficulty:

- Getting along with others?
- Fitting in?
- Contributing to group work?
- Reading social cues?



# FERRIS STATE UNIVERSITY

## Educational Counseling and Disabilities Services

### Time Management/Organization Issues

Do you have difficulty planning realistic goals and determining the steps needed to reach them?

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?

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?