



Request for Services

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_

Program: \_\_\_\_\_

Please identify the disabilities that impact you

- ADHD/ADD
- Anxiety
- Autism Spectrum – Asperger’s
- Deaf/Hearing Impairment
- Dyslexia
- Learning Disability
- Depression
- Mobility Impairment
- Psychiatric Condition
- Post-Traumatic Stress Disorder (PTSD)
- Speech Impairment
- Traumatic Brain Injury (TBI)
- Vision Impairment
- Other \_\_\_\_\_

Describe your disability and how it impacts your learning or functioning on a day-to-day basis in regards to your education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any measures you are taking to offset the impact and if they are effective:

\_\_\_\_\_  
\_\_\_\_\_

	Yes	No
Are you a PSEO Student?	<input type="checkbox"/>	<input type="checkbox"/>
Do you now, or have you ever, had an IEP or 504 plan?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attended college before?	<input type="checkbox"/>	<input type="checkbox"/>
If so, where did you attend?	_____	
Have you used accommodations in high school or at a previous college/university?	<input type="checkbox"/>	<input type="checkbox"/>
If so, What accommodations?	_____	

Complete and submit this form to the Student Success Coordinator located in the Library, room 125. For more information visit: <https://www.pine.edu/student-success/disability-services/>