

# Application for Services

Otis College of Art and Design  
Students with Disabilities Services  
Phone: (310) 846-2554 Fax: (310) 665-9158

Date: \_\_\_\_\_

Semester:  Fall  Spring  Summer  Year

Name: \_\_\_\_\_ ID Number:  \_\_\_\_\_

Gender:  M  F

Major: \_\_\_\_\_ Level: \_\_\_\_\_

## Permanent Address:

\_\_\_\_\_  
Street City State Zip code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Is it okay to leave a detailed message at this phone number?  Yes  No

## School Address:

\_\_\_\_\_  
Street City State Zip code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Is it okay to leave a detailed message at this phone number?  Yes  No

## Nature of Disability:

Mobility  Speech  Vision  Learning

Hearing  Health  Acquired Brain Injury

Psychological  Other (ADD, ADHD, Autism, etc.)

**Emergency Contact Person**

Name of person to contact in case of emergency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Are you currently taking medications?**    \_\_\_ Yes    \_\_\_ No

If yes, please list (state any side effects you are experiencing):

\_\_\_\_\_

\_\_\_\_\_

**Is there any additional information you think we should know?**

\_\_\_\_\_

\_\_\_\_\_

**Off Campus Affiliations**

Are (or were you) a client of the Department of Rehabilitation?

If yes, name of your rehabilitation counselor: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you currently receiving psychological services? (Optional)

If yes, name of psychotherapist: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Describe your disability and how it affects you in an educational setting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LEARNING STYLE & STUDY SKILLS**

This section refers to the skills you use to gather, learn, and remember information, facts and concepts.

1. Picture in your mind your **favorite** class. What made it easy for you to learn or remember?

\_\_\_\_\_

\_\_\_\_\_

2. Picture in your mind your **worst** class. What made it difficult for you to learn or remember?

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3. List materials or activities that have helped you learn in school:

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4. Rate how you view your skills on a scale of 1 through 5.

1 = weakness, 2 = sometimes a problem, 3 = do okay, 4 = good skill, 5 = strength

\_\_\_ spelling

\_\_\_ using the library

\_\_\_ taking notes from a textbook

\_\_\_ getting started on a project

\_\_\_ taking lecture notes

\_\_\_ researching a topic

\_\_\_ organization

\_\_\_ developing an outline for a paper

\_\_\_ studying for a test/exam

\_\_\_ concentration

\_\_\_ cumulative exams

\_\_\_ expressing your ideas orally

\_\_\_ writing papers

\_\_\_ expressing your ideas in writing

\_\_\_ comprehend reading material

\_\_\_ math skills

\_\_\_ finding main ideas in reading

\_\_\_ vocabulary

\_\_\_ comprehend with first reading

\_\_\_ memory skills

\_\_\_ reading speed

\_\_\_ time management

\_\_\_ grammar and punctuation

\_\_\_ critical thinking

\_\_\_ goal setting/prioritization

\_\_\_ listening skills

\_\_\_ following directions

\_\_\_ finding your way around

5. Are you able to use a computer to write papers? \_\_\_ No \_\_\_ Yes

If yes, which applications do you use?

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6. Do you use any adaptive technology or hardware?  No  Yes

If yes, list what type(s) \_\_\_\_\_  
\_\_\_\_\_

### **LEARNING STRATEGIES**

1 Are you primarily a **visual, auditory, kinesthetic** learner, or are you unsure? (Circle one)

2. Do you ever use any of the following strategies? (Check all that apply)

SQ3R

Note cards

Cornell Note taking

Reading out loud

Webbing

Color coding

Charting

Diagrams / pictures

Timeline

Making models

Mnemonic devices

3. Do you use a time management system, such as a calendar, schedule, date book, etc.?

No  Yes If yes, please describe

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

4. Do you use a tape recorder in class?  No  Yes

5. Do you use a spell checker?  No  Yes

6. Do you use a computer for papers?  No  Yes

7. Do you use a computer for exams?  No  Yes

8. Do you use particular software?  No  Yes

If yes, please list \_\_\_\_\_  
\_\_\_\_\_

Describe yourself as a learner (be sure to include your strengths and weaknesses).

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

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**PREFERRED WAYS OF LEARNING** – check all the ways in which you learn best.

1. I learn best when I work:

By myself    With a Learning Specialist    With Other Students

Other \_\_\_\_\_

2. Activities that I learn best from are:

Reading    Discussion    Listening    Taking Notes

Writing Assignments    Doing Oral Reports    Working on a Project

Using Study Guides    Learning By Doing    Viewing Maps, Films, Videos

3. I do best on tests/exams that are:

Multiple Choice    True / False    Oral    Matching    Essay

Short Answer    Extended Time    Open Notebook

Given a Quiet Setting

4. Accommodations you have used in the past \_\_\_\_\_

**I agree that if necessary for medial or educational purposes, or if necessary for the safety of myself, or others, information about me may be released to, or obtained from an instructor, relevant agency, or family member. I understand that information contained in my file will be available to the Dean’s Office if they request it for an audit, program evaluation, or educational research.**

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

Date: \_\_\_\_\_