



NOTE: THIS FORM WILL NOT BE ACCEPTED WITHOUT THE REQUIRED DOCUMENTATION

For documentation guidelines please go to www.unt.edu/oda/apply

UNT Office of Disability Accommodation (ODA) Request for Services Form

Documentation of disability must be submitted with this form see www.unt.edu/oda/apply

Please print clearly and enter information completely. Submit form by email to odadoc@unt.edu or fax 940.369.7969

Student Contact/Demographic Information

Today's Date: _____

First Name: _____ MI: _____ Last: _____

Preferred Name: _____

DO NOT SUBMIT THIS FORM IF YOU DO NOT HAVE A STUDENT ID NUMBER, FORMS ARE ONLY PROCESSED WHEN YOU HAVE RECEIVED YOUR ID AND PROVIDE IT HERE: _____

Date of Birth: _____ Gender M: _____ F: _____ UNT Email: _____

Race/Ethnicity: _____ Cell Phone: _____ Alt. Phone: _____

Local Address Street: _____ Apt #: _____ City: _____

State: _____ Zip: _____ If applicable, name of dorm and room#: _____

Permanent Address (Home) Street: _____ Apt #: _____ City: _____

State: _____ Zip: _____ Permanent Phone#: _____

Emergency Contact Person(s): _____ Relationship: _____

Phone: _____ Address: _____

Disability (Check all that apply to you)

Does your disability create substantial problems for you that will last or have lasted **more than 6 months?**

Yes: _____ If you cannot answer "Yes" to this question, do not submit this form. Contact the Dean of Students office about assistance for temporary conditions at http://deanofstudents.unt.edu/temporary_illness.

Please specify your disability (check all that apply): Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD): _____ Blind/Visual Impairment: _____ Deaf/Hard of hearing: _____ Other Health Impairment: _____ Learning Disability: _____ Mental Health/Psychological/Psychiatric: _____ Speech Impairment: _____ Other Disability: (please specify) _____

Return digital copy to odadoc@unt.edu (preferred) or mail, fax, deliver in person to:

UNT ODA • Sage Hall 167 • Union Circ. #310770 • 1155 Denton, TX 76203 • F 940.369.7969 • P 940.565.4323 • www.unt.edu/oda

Disability Information Continued

When was your disability originally diagnosed?: _____

Please list any medications(s) you are currently taking that may affect your performance as a student and the side effects of those medication(s): _____

Do you have a pharmacy that will fill your medications while at UNT? Yes: ___ No: ___ If no, please keep in mind the UNT campus pharmacy is not a full service pharmacy; they do not fill all prescriptions. Visit <http://healthcenter.unt.edu/pharmacy/> to be certain you have access to your meds while at UNT.

Do you receive services through any of the following?: Veteran's Administration: ___ Vocational Rehabilitation Counseling through the Texas Department of Assistive and Rehabilitative Services (DARS): ___ Division of Blind Services (DBS): ___ Other (please list): _____

Please list the name of your counselor with DARS, DBS, and/or the VA: _____
Phone Number: _____ Address: _____

Name of Primary Care Physician: _____ Phone: _____

Counselor/Psychologist/Psychiatrist: _____ Phone: _____

Do you give your consent for us to contact all professionals listed above? Yes: ___ No: ___

Are you currently under any medical restrictions? If so, please describe:

Academic Information (Check all that apply to you)

High School Senior: ___ College Freshman: ___ Sophomore: ___ Junior: ___ Senior: ___ Grad Student
Master's: ___ Grad Student Doctoral: ___ New Transfer Student: ___ Transient: ___ Continuing Ed: ___
Non-Degree Seeking: ___ Post Bac: ___ Certification program (non-degree): ___

Current Major: _____ College Hours Completed: _____

High School: _____ City: _____ State: _____

High School Graduate? If Yes List Date: _____ GED, If Yes List Date: _____

Have you attended another college? Yes: ___ No: ___ If yes, please list the colleges, your GPA, and degree received:

College: _____ City/State: _____ GPA: ___ Degree: _____

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Disability Reasonable Accommodation History

List all reasonable accommodations you used **before coming to college** include what the reasonable accommodation was, where you used it, and when:

List all reasonable accommodations you used **after coming to college** include what the reasonable accommodation was, where you used it, and when:

Did you receive modifications on any state mandated, or higher education entrance exams, e.g. SAT, ACT, GRE, GMAT, MCAT?: Please list the test and what reasonable accommodations were allowed: _____

Reasonable Accommodations at UNT

Please list the reasonable accommodations you feel are most important for you to have at UNT e.g. more time on exams, distraction reduced testing environment, notetaking assistance, adaptive technologies etc. **and** list the disability related reasons why you need these reasonable accommodations:

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Please check the box on the corresponding row of each of the statements below indicating which choice applies to you. (Not Applicable or NA, Agree, Somewhat Agree, Disagree etc.)	NA	Agree	Somewhat Agree	Disagree	Strongly Disagree
I eat at regular times each day.					
I have good study skills.					
I feel confident in my ability to take class notes.					
I always finish my tests on time.					
I never feel distracted by noises and other people in class.					
I rarely have problems concentrating and following the professor's lecture.					
I love to read, and regularly read just for fun.					
I would have <u>no</u> problem reading 200 pages of college textbooks per week.					
My handwriting is very easy to read.					
I almost never lose points on essays due to grammar, punctuation, and spelling.					
I do not struggle with writing.					
I have <u>no</u> problem studying for 3-5 hours at a time.					
I do not find it difficult to get to know people.					
I plan on joining campus clubs and organizations (e.g. honor societies, Greeks)					
I never miss class.					
I am very organized.					
I am good at managing my time.					
I have a smart phone or planner that I use to keep up with important dates.					
I feel very comfortable with my computer skills and use a computer every day					
I have used text to speech software like JAWS, Kurzweil 3000, Balabolka, Readplease.					
I feel comfortable talking to my professors about my reasonable accommodations.					
I am aware of campus resources where I can go for tutoring, counseling, mentoring etc.					
I try to exercise 3-6 days per week.					
I feel confident that I can manage my own finances.					
I have had to talk to teachers about my reasonable accommodations in the past.					
I see my doctor, counselor, therapist or other professional as recommended.					
I usually get at least enough sleep at night to feel well rested during most of my day.					
I closely follow my doctor's instructions and take medications as they are prescribed.					
I have a regular system I follow to prepare for exams					

By signing below I am declaring that the information I have provided is true and accurate to the best of my knowledge. I also understand that documentation from an appropriate professional must be provided with this form. (Specifics on the documentation requirements can be found at www.unt.edu/oda/apply.) Information provided to the ODA is confidential and protected under the terms of the Family Educational Rights and Privacy Act. Submit this document to the ODA preferably by emailing a scanned and signed copy to odadoc@unt.edu or fax 940.369.7969. Questions? Call 940.565.4323.

Student Signature: _____ Date: _____

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