

REGISTRATION FORM

Name _____

Date _____

Email _____

Permanent address _____

Major _____

CU ID _____

Clemson address _____

Local phone _____



Disability: Primary _____

Secondary _____

When was your initial diagnosis? K-8 High School College Other

Have you used accommodations in the past? Yes No

If yes, how long have you been using accommodations? _____

- If yes, what have you had in the past?
- Academic Coach
 - Books on tape
 - Copies of notes
 - Extended time
 - Recorded lectures
 - Spelling or Grammar
 - Assistive Technology
 - Computer Testing
 - E-texts
 - Interpreting or Captioning
 - Separate Testing Space

What has been the most effective accommodation for you? _____

What other accommodation would have made a difference? _____

Which high school did you attend? _____ City _____ State _____

Which medications do you take? _____

Do you have current documentation of your disability? _____

How did you hear about SDS? _____

