



# COGNITIVE DISABILITIES SERVICES APPLICATION

## Eastern Wyoming College Disability Support Services

Counseling Office • Debbie Ochsner, Director • Activities Center 268  
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This application is designed to gather information and determine eligibility for services, for students with disabilities that commonly affect cognitive functioning. Examples include specific learning disabilities, psychiatric/psychological disorders, brain injuries, seizure disorders, Autism Spectrum Disorder (e.g., Asperger's Syndrome), attention deficit disorders, and rehabilitated drug addiction/alcoholism. Please complete this form carefully and completely. If you have any questions regarding application items, contact the Counseling and Testing Office.

**If you need this application provided in an alternative format (e.g. taped, Braille, enlarged, on disk) or need assistance completing the application, contact the Counseling and Testing office.**

### General Information:

Name: \_\_\_\_\_  
Last First MI

DOB: \_\_\_\_\_ Local/Cell Phone: ( ) \_\_\_\_\_

Local Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip

Permanent Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip

Permanent Phone: ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Applying for services beginning: Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

### Academic Status:

#### Present Academic Status:

\_\_\_\_\_ College Sophomore \_\_\_\_\_ H. S. Student

\_\_\_\_\_ College Freshman \_\_\_\_\_ GED Recipient

#### High School Information:

High School attending or attended: \_\_\_\_\_

What is/was your high school cumulative grade point average: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College Information:

Current cumulative grade point average: \_\_\_\_\_ Major: \_\_\_\_\_

Number of credits enrolled in this semester: \_\_\_\_\_

Transfer Student Information:

College transferred from: \_\_\_\_\_

Agency Affiliation:

Do you work with:

1. Division of Vocational Rehabilitation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", please note the name/phone number of your counselor. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
2. Services for the Visually Impaired? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", please note the name/phone number of your counselor. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
3. VA Vocational Rehabilitation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", please note the name/phone number of your counselor. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Do you have an individual membership with Recording for the Blind & Dyslexic? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a patron of the Utah State Library for the Blind and Physically Handicapped or any other such regional Library? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Disability Information:**

**To determine your eligibility for services from EWC DSS, this application must be accompanied by documentation which includes a diagnosis of the condition you indicated and the extent to which the condition limits major life activities, such as learning, seeing, hearing, breathing, walking, speaking, caring for one's self, performing manual tasks, or working. It would also be helpful to receive copies of reports which reflect the kind of services or accommodations which have been provided or recommended to date. See enclosed Documentation Guidelines.**

Type of Disability:

- \_\_\_\_\_ Specific Learning Disability (please describe) \_\_\_\_\_
- \_\_\_\_\_ Seizure Disorder
- \_\_\_\_\_ Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder
- \_\_\_\_\_ Brain/Head Injury

\_\_\_\_\_ Psychiatric/Psychological Disorder (please describe) \_\_\_\_\_

\_\_\_\_\_ Rehabilitated Drug Addiction

\_\_\_\_\_ Alcoholism

\_\_\_\_\_ Autism Spectrum Disorder (e.g., Asperger's Syndrome)

\_\_\_\_\_ Other \_\_\_\_\_

To assist our understanding of how your disability affects you in the academic environment, please check those items that apply to you:

\_\_\_\_\_ Reading printed materials is affected by my disability.

\_\_\_\_\_ I have difficulty understanding and remembering printed materials

\_\_\_\_\_ I have difficulty understanding and remembering materials presented orally.

\_\_\_\_\_ Spelling is a challenge for me because of my disability.

\_\_\_\_\_ Writing papers/essays is difficult because of my disability.

\_\_\_\_\_ Basic math processes are difficult to master because of my disability.

\_\_\_\_\_ I am easily distracted or have a short attention span.

\_\_\_\_\_ Presenting verbal (oral) reports or reading aloud is more difficult because of my disability.

\_\_\_\_\_ I have difficulty talking about or explaining my disability to people who need to know this information.

\_\_\_\_\_ Coordination (gross motor skills) are affected by my disability.

\_\_\_\_\_ Coordination (fine motor skills) are affected by my disability.

Are you currently taking medications? Yes \_\_\_\_\_ No \_\_\_\_\_ Possible side effects that could affect academic success \_\_\_\_\_

What accommodations do you anticipate needing to ensure equal access to EWC's programs and services?

\_\_\_\_\_ Printed material in alternative format (e.g. electronic text, digitally recorded materials, etc.)

\_\_\_\_\_ Test Taking Accommodations (e.g. extended time, 'scanned and read' exams, use of a computer, use of a scribe, enlarged tests, etc.)

\_\_\_\_\_ Volunteer Note-takers.

\_\_\_\_\_ Orientation to Adapted Computers (e.g. screen readers, voice input systems, 'scan and read' programs, screen enlargement software, alternative keyboards, etc.)

\_\_\_\_\_ CD Player Loan (for use with RFB&D disks)

\_\_\_\_\_ Assistive Listening Systems

\_\_\_\_\_ Advocacy Services with Instructors or other campus programs

\_\_\_\_\_ Written assignment (in class) accommodations.

What type of referral information would be helpful to you?

- \_\_\_\_\_ Help in preparing or editing papers
- \_\_\_\_\_ Word Processing Training
- \_\_\_\_\_ Study Skills Assistance
- \_\_\_\_\_ Tutoring Services
- \_\_\_\_\_ Getting more information about my disability, or diagnostic (testing) services
- \_\_\_\_\_ Other (please describe) \_\_\_\_\_

Do you have any other disability or condition we should know about? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information on this application is accurate and complete to the best of my knowledge. I hereby authorize the EWC Disability Support Services program to obtain information from my educational record that may be pertinent to my participation in the program (i.e. high school and college transcripts, entrance test scores, semester and cumulative grades, etc.). I also authorize DSS to communicate with other SEO or EWC staff and with my EWC instructors on matters pertinent to my disability and services needed through DSS and SEO.

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

The information you provide on this form will not be shared with anyone outside of Eastern Wyoming College without your permission. One agency that commonly shares information and services with DSS is listed below. Please review the statement and sign it if you would permit us to share information with this agency.

I hereby request that the Division of Vocational Rehabilitation work with DSS and authorize information-sharing between DVR and DSS upon request of either agency.

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

**PLEASE RETURN THIS FORM TO:**  
 Eastern Wyoming College Disability Support Services  
 Counseling and Testing Office  
 3200 West C Street  
 Torrington, WY 82240  
 Phone: 307.532.8238 ♦ Fax: 307.532.8222