



ARKANSAS STATE UNIVERSITY

MID-SOUTH

# Disability Registration Form

Office of Disability Services | 2000 West Broadway | West Memphis, AR 72301 | 870.733.6790 | [asumidsouth.edu/disability-services](http://asumidsouth.edu/disability-services)

**Copies of transcripts from high school (GED), ASU Mid-South and/or other colleges attended must be attached to this document!**

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Place of employment, type of job, work schedule, and number hours per week:

\_\_\_\_\_

## Evaluation

Degree Plan/Major: \_\_\_\_\_ Classification: Freshman  Sophomore

1st semester at ASU Mid-South: \_\_\_\_\_ No. hrs. completed at ASU Mid-South: \_\_\_\_\_

Current GPA at ASU Mid-South: \_\_\_\_\_ Overall GPA at ASU Mid-South: \_\_\_\_\_

High school attended: \_\_\_\_\_ HS Graduate/GED? \_\_\_\_\_

Approximate high school GPA: \_\_\_\_\_

Other colleges and what years attended \_\_\_\_\_

# hrs. completed: \_\_\_\_\_ GPA attained: \_\_\_\_\_

Subjects/courses giving student trouble: \_\_\_\_\_

Why?

## Assistance

Does student need assistance (not necessarily accommodations) with any of the following?

- |  |  |
|--|--|
| <input type="checkbox"/> Time management   | <input type="checkbox"/> Study skills (list):        |
| <input type="checkbox"/> Note-taking   | <input type="checkbox"/> Computer use                |
| <input type="checkbox"/> Essay writing (especially for tests)  | <input type="checkbox"/> Test-taking or test anxiety |
| <input type="checkbox"/> Strategies for handling or understanding own disability   |  |
| <input type="checkbox"/> Knowing how to explain disability to instructors  |  |
| <input type="checkbox"/> Understanding terminology/procedures in disability accommodation process  |  |
| <input type="checkbox"/> Special testing/evaluation available at ASU Mid-South e.g. ACCUPLACER, Success Navigator, Learning Style Evaluations, Career Guidance, etc. |  |

## Disability Information

Student's own description of disability, including how it affects learning and the classroom experience, and how the student copes:

The category of disability, as based on the student's self-report and/or documentation:  
(Indicate whether by student's self-report (S) or attached documentation (D).)

- |   |   |
|---|---|
| <input type="checkbox"/> ADD/ADHD                           | <input type="checkbox"/> Deaf/Hard of Hearing           |
| <input type="checkbox"/> Mental Retardation                 | <input type="checkbox"/> Speech/Language Disorders      |
| <input type="checkbox"/> Behavioral/Psychological Disorders | <input type="checkbox"/> Head Injuries                  |
| <input type="checkbox"/> Neurological Disorder              | <input type="checkbox"/> Visual Impairment or Blindness |
| <input type="checkbox"/> Chronic Illnesses                  | <input type="checkbox"/> Learning Disabilities          |
| <input type="checkbox"/> Orthopedic/Mobility Disabilities   |   |

Other: \_\_\_\_\_

# ACCOMMODATIONS REQUESTED

All accommodations requested by the student are listed.

Important Reminder: Accommodations relating to specific, documented disabilities are reviewed and approved/denied dependent on requirements for classes of a particular semester. The student may also need to submit additional documents, including a course syllabus or related handouts detailing course or project expectations, so that appropriate and reasonable accommodations can be determined.

## Documentation

Attach to file any provided documentation, and then list the disabilities below, including code numbers.

\_\_\_\_\_

New or Updated Documentation Requested: \_\_\_\_\_

Type of Documentation \_\_\_\_\_ Date Requested \_\_\_\_\_

Evaluator/Physician: \_\_\_\_\_

Why is this additional or new documentation requested?

Financial aid information: Pell Grant \_\_\_\_\_ Vocational Rehab \_\_\_\_\_ Student Loans \_\_\_\_\_

Comments/Observations, including any helpful comments from the student:

I have reviewed the information stated in this registration form and have received each of the following documents (or been shown how to access them):

- Disability Services Brochure
- Guide to Student Disability Services (hard copy or web access)
- Copy of this Registration Form
- Student Acknowledgment of Rights and Responsibilities
- Other handouts: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Director, Student Disability Services: \_\_\_\_\_

## Student Acknowledgment of Rights and Responsibilities

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

I have met with the Director of Disability Services, and my signature below indicates that I understand the following statements. (Check after reviewing each item.)

- I cannot receive accommodations until I have provided appropriate documentation
- Not all disabilities qualify for accommodations in the college setting. Accommodations must be approved and must be relevant to the specific disability.
- Students with different disabilities receive different accommodations.
- I must provide reasonably recent documentation/evaluation of my disability, completed by a qualified evaluator.
- Instructors whose classes I take will be informed of my disability and the approved accommodations. They will not receive copies of the supporting documentation which I have provided.
- My instructors and I will receive a copy of the notification in the mail and by email.
- If my instructors need guidance in how to help me, they may consult with the Director of Disability Services.
- I have student responsibilities which are outlined in each course syllabus. I understand that I must adhere to those standards.
- Excessive absences from class are generally not a reasonable accommodation.
- When necessary, and so that they can help me more effectively, tutors working with me will be notified by the Director of Disability Services of my disability.
- If I have questions, concerns, or problems related to my progress or to my approved accommodations, I will notify the Director of Disability Services.
- I must keep the Director of Disability Services informed of my progress on a regular basis.
- Prior to the beginning of each semester I must update my disability registration with the Office of Student Disability Services.
- If I am not satisfied with a decision about my accommodations or about academic issues, I have the right to appeal the decision. That information is in the Student Guide to Disability Services, and the Director of Disability Services can guide me in that process.
- No one can discuss my disability or academic progress with my parents or other relatives/friends without my permission, If I grant that permission, I must: 1) designate who that person is; 2) state her/his relationship to me; and 3) indicate by my signature below that I am granting that permission. The designated person must appear in person; discussions will not be held over the phone.

I have read and understand the above.

Student signature: \_\_\_\_\_

I give permission for the following person(s) to discuss my disability in person with the Director of Student Disability Services:

\_\_\_\_\_

Student signature: \_\_\_\_\_

Director of Disability Services: \_\_\_\_\_

## Action Steps

1. Date of Initial Disability Registration: \_\_\_\_\_
2. Date Student file created: \_\_\_\_\_
3. Documentation requested: \_\_\_\_\_
4. Documentation received: \_\_\_\_\_
5. Documentation approved: \_\_\_\_\_
6. Approval notification sent to instructors: \_\_\_\_\_
7. Approval notification sent to student: \_\_\_\_\_
8. Counselor meeting with tutor, if applicable: \_\_\_\_\_
9. Other: \_\_\_\_\_
10. Other:

Comments/notes:



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