During your first appointment, you will have the opportunity to discuss your goals and concerns regarding your accommodations with a staff member. Together, you will determine what services will be most effective for you based on your documentation and needs. Please complete this form (prior to your first meeting) with as much detail as possible so that we may best accommodate you.

Last Name_________________________________ First Name_________________________________
Middle Name____________________________ BU ID#_________________________ Date_____________

**Visit Information**
How were you referred to the Office of Disability Services? (check all that apply)

- Self
- Friend
- Family
- Dean of Students
- Residence Life
- Student Health Services
- Career Services
- Judicial Affairs
- Disability Services
- Medical doctor
- Professor
- Other (please explain below)

Briefly describe what brought you here today:

________________________________________________________

________________________________________________________

**Disability Information** (check all that apply)

<table>
<thead>
<tr>
<th>Mobility impairment</th>
<th>Deaf/Hard of Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability</td>
<td>Asperger’s/Autism</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>Neurological condition</td>
</tr>
<tr>
<td>Psychological/emotional disability</td>
<td>Allergy</td>
</tr>
<tr>
<td>Medical</td>
<td>Temporary injury</td>
</tr>
<tr>
<td>Traumatic brain injury</td>
<td>Other</td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>Unsure</td>
</tr>
</tbody>
</table>

Please describe your disability and how it affects you:

________________________________________________________

________________________________________________________

________________________________________________________
Current medications (and dosages if known):
________________________________________
________________________________________
________________________________________

Have you ever received accommodations from another school?
No
Yes; Please specify the school, accommodations, and when you received them:
________________________________________
________________________________________
________________________________________

When was the most recent evaluation of your condition and who conducted the evaluation?
________________________________________
________________________________________
________________________________________

Are you providing us with documentation today?
No
Yes

**Academic Information**
Describe how your disability currently impacts your academic life. In which courses are you usually most successful? Which give you more difficulty?:
________________________________________
________________________________________
________________________________________

Which aspects of learning do you find the most challenging, (i.e. Reading, paper writing, organization, note-taking)?
________________________________________
________________________________________
________________________________________
Please list any Boston University resources you have utilized, such as the Educational Resource Center, any writing center, or the Career Development Center:

Accommodations Requested
Please list the accommodations that you feel are necessary to allow you to access our curriculum and community. Please describe how each accommodation relates to your disability:

Do you or have you used any adaptive technology or devices? If so, please describe what has been the most helpful:

Other Information
Are you a client of vocational rehabilitation?
Yes
No
Do you have military status?
Yes
No
Are you a student athlete?
Yes; Which sport?
No
If yes, do you use the Athlete Academic Support Center?

Please include anything else you would like Disability Services to know in order to best assist you:
Please list any questions you have about our services that we can answer for you today:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

“We provide the access, you provide the success.”

Staff Notes
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________