



COGNITIVE DISABILITIES SERVICES APPLICATION

Eastern Wyoming College Disability Support Services

Counseling Office • Wendy George • 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 Disability Services 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 Disability Services 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:

Division of Vocational Rehabilitation? Name: _____

Phone: _____

Other agencies & contact information:

Disability Information:

To determine your eligibility for services from EWC Disability Services, 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.)
- _____ 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 Services Office to obtain information from my educational record that may be pertinent. (I.e. high school and college transcripts, entrance test scores, semester and cumulative grades, etc.). I also authorize Disability Services to communicate with other EWC staff and with my EWC instructors on matters pertinent to my disability and services needed through the Disability Services Office.

Signature: _____ Date: _____

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