UNIVERSITY OF WISCONSIN
WHITEWATER

Center for Students with Disabilities
Application for Services
Please note that this form needs to be completed as a part of your application for disability services.

Demographic Data: Please complete and/or review and update.   **Date**: _____

Name: _____
            Last   First   MI

Preferred name (if different from above): _____   **Gender:** _____

Student ID #: _____   **Date of Birth**: _____
                                                                    (mm/dd/yyyy)

Whitewater Address (if current student):   **Permanent Address**:

_____   _____

_____   _____

_____   _____

Phone Numbers:

Cell: _____   Permanent: _____

Email Addresses:

Campus: _____   Alternative: _____

Student Status (circle one):

Prospective   Undergraduate   Undergraduate Transfer   Graduate/Professional   Special/Guest

If prospective or transfer student, I have completed an application for admission to UW-Whitewater: Yes   No

If yes, semester that you are applying for admission: _____ Fall   _____ Spring   _____ Summer

Additional Information:
- Do you receive vocational rehabilitation services?   Yes   No   No, but I would like to learn more
  - If yes, please list name & office location: _____
- Are you a Veteran or receiving Veteran Benefits?   Yes   No
- Have you attended an Opening Horizons Conference at UWW?   Yes   No

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Please Note: Submission of a CSD Application does not imply you will receive services. In addition to this application, in order to be eligible for disability related services, students must have a documented disabling condition as defined by the Americans with Disabilities Act of 1990 (ADA), ADA Amendments Act 2009 and Section 504 of the Rehabilitation Act of 1973. Please refer to Eligibility and Documentation Requirements in the Center for Students with Disabilities page at
http://www.uww.edu/csd/information/policies/documentation.html

Diagnostic Information
1. Please identify all disability diagnoses:

_____

_____

_____

2. Onset of disability/date of diagnosis: _____

-Continue on other side of application-

Functional Limitations: How does your disability(s) limit your ability to function in the following areas?

0 = Not Applicable **1 = Unable to Determine** **2 = Mild** **3 = Substantia**l

0	1	2	3			0	1	2	3	
				Caring for Oneself						Working
				Talking						Interacting with Others
				Hearing						Sleeping
				Breathing						**Learning**
				Seeing						• Reading
				Walking/Standing						• Writing/Spelling
				Lifting/Carrying						• Calculating
				Sitting						• Memorizing
				Performing Manual Tasks						• Concentrating
				Eating						• Listening

I am requesting the following possible accommodations:

☐ Academic Accommodation(s) (e.g.; classroom, test-taking, alternative media, interpreters, etc.)

☐ On-Campus Housing Accommodation(s) (e.g.; room modifications, air conditioning, accessible bathrooms, etc.)

☐ Service Animal

Please describe the services you are currently receiving or received in the past (e.g.; can be from high school Special Education or 504 plan, accommodations on the ACT/SAT/GRE test, etc.):

Please indicate which services you are interested in receiving at UWW:

I am interested in the following fee based service(s) or program(s). Eligibility for fee based services and programs are determined by CSD staff. Documentation meeting the UW-Whitewater guidelines is required.

☐ CSD Summer Transition Program (4-week academic session for incoming freshmen)

☐ Project ASSIST (one-to-one tutoring)

☐ Adaptive Transportation (pick-up/drop-off transportation service for eligible students)

☐ Out-of-Class Homework Aides (assistance with keyboarding, material manipulation, etc. – not tutoring)

For more information about these services see: http://www.uww.edu/csd/

I will need a personal care attendant (PCA): Yes No Unsure

CSD does not hire or pay for personal attendants; however, we can refer you to resources in the community. Please make contacts early as these services may take extended time to arrange.

Submit this form with your documentation to:

University of Wisconsin-Whitewater	Phone Voice/TTY or Relay:	(262) 472-4711
Center for Students with Disabilities	CSD Toll Free Phone:	(800) 628-3477
800 West Main St.	Fax:	(262) 472-4865
2002 Andersen Library	Email:	csd@uww.edu
Whitewater, WI 53190-1790	**Website: http://www.uww.edu/csd/**	