Disability Support Application Form

The Disability support Services (DSS) office coordinates reasonable accommodations and/or services for students who provide appropriate documentation of their disability and request accommodations in a timely manner in accordance with established university policies and procedures. The information below is requested to enable us to mobilize appropriate university resources to provide reasonable accommodations to qualified students with disabilities.

The information requested on this form is considered confidential and is maintained by the DSS office and the student's formal academic records.

General Information :

Name: _____Student ID # _____

Birth date: _____

Date_____

Address_____

_____

City_____ Emirate: _____

Contact No. : _____ (other)

_____

College : _____

Family information :

List the names, ages and occupations of your family members:

Name	Relationship	Age	Occupation

How would you rank your family's support? (Circle one)

Excellent Good Fair Poor

Medical Background :

What is your diagnosed disability?

_____

Describe your disability and how it affects your performance as a student

_____

List any medication you are currently taking

_____

Describe any long-term medical problems you have

_____

Describe any serious illnesses you have had

_____

Describe any serious injuries you have had

_____

How would you rate your general health? (Circle one)

Excellent Good Fair Poor

Have you ever received help from any outside agency (such as a Rehabilitation center) for academic, career or personal counseling or support? _____

Name of agency When?

_____

For what reason?

_____

High School Information :

Name of High School :

_____

City : _____ Country : _____

Date of graduation : _____

Please briefly list any accommodations you have used in an education setting:

_____

Student Consent :

I hereby give permission to the Disability support Services office at United Arab Emirates University to speak with and collect personal information regarding my educational and medical history relating to my disability. I understand that in order for the university to determine and provide appropriate accommodations for me, it is necessary for me to provide all relevant personal information which I have concerning my disability for the university, including any assessments or reports which I have. I also understand that the director of disability support services may have to share some of my disability information with one or more of my relevant faculty members .

I also understand that this application form and the documentations of my disability must be submitted prior to meeting with the Disability support Services director for an intake interview. During this meeting we will discuss services for which I am eligible. The information submitted to the Disability support Services is confidential and WILL NOT be placed in my academic records. I understand that admission to the United Arab Emirates University is a separate process and is completed through the Office of Admissions.

Signature:		Date:	

FOR OFFICE USE ONLY

Date of application to DSS Office : _____

Intake interview date: _____

Disability documentation received (date) : _____

Based on discussion with student, the following accommodations may be requested:

_____

Student referred to the following:

_____

Other Comments:

_____

Director's Signature: _____