

Application for Services

I. STUDENT CONTACT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Student ID#: _____ Date of Birth _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____ @lasierra.edu

II. CATEGORY OF DISABILITY

_____ Visually Impaired

_____ Deaf/Hard of Hearing

_____ Learning Disability

_____ Psychological Disability

_____ Mobility Impai

What environments create barriers/challenges for you?

What specific barriers or challenges do you find in the classroom? Studying? Testing?

What kind of exams or