

Banacos Academic Center Disability Services 413-572-5789

ds@westfield.ma.edu

## **Registration Form**

| Name:   | UWID#:               |                           |
|---|----------------------|---------------------------|
| Address:  |                      |                           |
| Phone: (i.e. 555-555-5555)  | Cell Provider:       | (i.e Verizon, AT&T, etc.) |
| WSU Email:  | @westfield.ma.edu    | Date of Birth:            |
| Major 1:  | Major 2:             |                           |
| Previous School (college or high school):   |                      |                           |
| Status: Day Student CGCE Unde   | rgrad Student Gradua | ate Student               |
| Student Athlete - Athletic Team(s):  State Vocational Rehabilitation - Ager  Counselor name:  | VA                   |                           |
|   |                      |                           |
| Other:<br>Do you work?  |                      |                           |
| ,<br>   | er week?             |                           |
| What is your disability? Check all that apply.  Learning Disability  Deaf/Hard of Hearing  Blind/Low Vision  ADD/ADHD  Autism Spectrum  Mobility Related  Mental Health related | Brain Injury:        | ry:<br>ss:                |
| Mobility Related  |                      |                           |

| Exam Accommodations    50% (time and a half) extended time   100% (double time) extended time   Reduced distraction environment   Reader   Scribe   Flexible Attendance (describe):    Sign Language Interpreter   CART   FM System   Voice Recorder   Note taker   Alternative Format Textbooks (describe):    Other:    Other:    Oyou need assistance during an emergency evacuation?   No   Yes (describe):    Date:   |  |       |  |
|--|--|-------|--|
| 50% (time and a half) extended time   100% (double time) extended time   Reduced distraction environment   Reader   Scribe   Flexible Attendance (describe):   Sign Language Interpreter   CART   FM System   Voice Recorder   Note taker   Alternative Format Textbooks (describe):   Other:   Other:   Do you need assistance during an emergency evacuation?   No   Yes (describe):   Date:   | What accommodations and services have you used in the past?  |       |  |
| 100% (double time) extended time   Reduced distraction environment   Reader   Scribe   Flexible Attendance (describe):   Sign Language Interpreter   CART   FM System   Voice Recorder   Note taker   Alternative Format Textbooks (describe):   Other:   Oo you need assistance during an emergency evacuation?   No   Yes (describe):   Date:   Da | Exam Accommodations  |       |  |
| Reduced distraction environment Reader Scribe Flexible Attendance (describe):  Sign Language Interpreter CART FM System Voice Recorder Note taker Alternative Format Textbooks (describe):  Other:  Oyou need assistance during an emergency evacuation? No Yes (describe):  Date:   | 50% (time and a half) extended time  |       |  |
| Reader Scribe Flexible Attendance (describe):  Sign Language Interpreter CART FM System Voice Recorder Note taker Alternative Format Textbooks (describe):  Other:  Other:  Oyou need assistance during an emergency evacuation? No Yes (describe):  Date:   | 100% (double time) extended time   |       |  |
| Scribe   Flexible Attendance (describe):   Sign Language Interpreter   CART   FM System   Voice Recorder   Note taker   Alternative Format Textbooks (describe):   Other:   Other:   No   Yes (describe):   Date:  | Reduced distraction environment  |       |  |
| Flexible Attendance (describe):   Sign Language Interpreter   CART   FM System   Voice Recorder   Note taker   Alternative Format Textbooks (describe):   Other:   Other:   No   Yes (describe):   Date:   | Reader   |       |  |
| Sign Language Interpreter CART FM System Voice Recorder Note taker Alternative Format Textbooks (describe):  Or you need assistance during an emergency evacuation? No Yes (describe):   | Scribe   |       |  |
| CART   FM System   Voice Recorder   Note taker   Alternative Format Textbooks (describe):    Other:  Oo you need assistance during an emergency evacuation?  No Yes (describe):  Date:   | Flexible Attendance (describe):  |       |  |
| CART   FM System   Voice Recorder   Note taker   Alternative Format Textbooks (describe):    Other:  Oo you need assistance during an emergency evacuation?  No Yes (describe):  Date:   |  |       |  |
| FM System Voice Recorder Note taker Alternative Format Textbooks (describe):  Of you need assistance during an emergency evacuation? No Yes (describe):  Date:   | Sign Language Interpreter  |       |  |
| Voice Recorder   Note taker   Alternative Format Textbooks (describe):    On you need assistance during an emergency evacuation?  No Yes (describe):  Date:  Date:   | CART   |       |  |
| Note taker Alternative Format Textbooks (describe):  Other:  Oo you need assistance during an emergency evacuation? No Yes (describe):  Date:  | FM System  |       |  |
| Alternative Format Textbooks (describe):  Other:  Oo you need assistance during an emergency evacuation?  No  Yes (describe):  Date:   | Voice Recorder   |       |  |
| Other:  Oo you need assistance during an emergency evacuation?  No Yes (describe):  Date:  | Note taker   |       |  |
| Do you need assistance during an emergency evacuation?  No Yes (describe):  Signature:   | Alternative Format Textbooks (describe):   |       |  |
| Do you need assistance during an emergency evacuation?  No Yes (describe):  Signature:   |  |       |  |
| No Yes (describe):  Signature: Date:   | Other:   |       |  |
| No Yes (describe):  Signature: Date:   |  |       |  |
| No Yes (describe):  Signature: Date:   |  |       |  |
| Yes (describe):  Signature: Date:  |  |       |  |
| Signature: Date:   |  |       |  |
|  | Yes (describe):  |       |  |
|  |  |       |  |
|  |  |       |  |
|  |  |       |  |
|  | Signature:   | Date: |  |
| **If submitting this form electronically, it must come from your Westfield State email address.**  | **If a language of the formal section of the sectio |       |  |

How do you think your disability will affect you at Westfield State?

Please note: **This form is for beginning the registration process only**. Students who want to request reasonable accommodations must meet with the Disability Services staff, 413-572-5789, <u>ds@westfield.ma.edu</u> **AND** submit a Reasonable Accommodations Request Form.