

SPECIAL NEEDS STUDENT DATA SHEET  
(Section 504)

Date \_\_\_\_\_ Referred by \_\_\_\_\_

DEMOGRAPHIC INFORMATION

Name \_\_\_\_\_ Student # \_\_\_\_\_

Permanent Address \_\_\_\_\_

Address \_\_\_\_\_

Street\ P.O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Campus \_\_\_\_\_ Permanent House \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Major \_\_\_\_\_ Classification (check one)

\_\_\_ FR. \_\_\_ SOPH. \_\_\_ JR. \_\_\_ SR. \_\_\_ UNC. \_\_\_ UND. \_\_\_ GRAD.

Are you sponsored by Voc Rehab. \_\_\_\_\_ V.A. \_\_\_\_\_ Other \_\_\_\_\_

If yes, name the Counselor \_\_\_\_\_

Description of Disability (Diagnosis) \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

NEEDS ASSESSMENT: (CHECK APPROPRIATE SPECIAL NEEDS)

- \_\_\_ Special Parking Arrangements
- \_\_\_ Note Taker
- \_\_\_ Reader
- \_\_\_ Transcriber
- \_\_\_ Tape Recorder in Classroom
- \_\_\_ Taping Classes in Case of Illness
- \_\_\_ Alternative Testing
- \_\_\_ Taped Test-Recording for the Blind
- \_\_\_ Early Advising
- \_\_\_ Interpreter/Signer
- \_\_\_ Writing Lab
- \_\_\_ Extended Testing Time
- \_\_\_ Individual Counseling
- \_\_\_ Psychological/Psychoeducational Assessment
- \_\_\_ Neurological Assessment
- \_\_\_ Information on Assistive Devices
- \_\_\_ Referral to VRS
- \_\_\_ Referral to Other (Specify) \_\_\_\_\_

Rehabilitation Act of 1973