

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