



## Request for Services

Name \_\_\_\_\_

Student ID/STARID \_\_\_\_\_

Phone \_\_\_\_\_

Program \_\_\_\_\_

### Please identify the disabilities that impact you

ADHD/ ADD

Mobility impairment

Anxiety

Psychiatric condition

Autism Spectrum-Asperger's

PTSD

Deaf/Hearing impairment

Speech impairment

Dyslexia

Traumatic brain injury

Learning disability

Vision impairment

Other \_\_\_\_\_

Describe your disability and how it impacts your learning or functioning on a day-to-day basis in regards to your education:

---

---

---

List any measures you are taking to offset the impact and if they are effective:

---

---

---

Yes      No

Are you a PSEO student?

Do you now or have you ever had an IEP or 504 plan?

Have attended college before?

If so, where? \_\_\_\_\_

Have you used accommodations in high school or at a previous college/university? \_\_\_\_\_

If so, what accommodations? \_\_\_\_\_

Complete and submit this form by emailing the Student Success Coordinator located in Student Affairs, office 33. Phone number is 320-629-5174 and email is [jen.rancour@pine.edu](mailto:jen.rancour@pine.edu) . For more information visit: <http://www.pine.edu/student-services/disability-services>.