

**STUDENT DISABILITY SERVICES FORM**

**CUNYfirst Student ID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 1: PERSONAL INFORMATION**

**First Name:** \_\_\_\_\_ **M.** \_\_\_\_\_ **Last** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy):** \_\_\_\_\_

**Gender:**            **Male**            **Female**

**Email Address:** \_\_\_\_\_

**Alternative Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Apt#:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Preferred contact method:**

Phone Call            Email            Mail

**How do you travel to campus (you may check more than one option):**

Access-A-Ride            Bus/Subway            Car            Walk            Rail/Train

Are you registered to vote? If no, are you interesting in registering?

Yes            No

**Section 2: DISABILITY RELATED INFORMATION**

Do you have a diagnosed and documented disability?                      Yes                      No

Do you have multiple disabilities?                      Yes                      No

If yes, please check all that apply:

**ORTHOPEDIC**

- Wheelchair
- Other Assistive Devices (Braces, Crutches, Cane, Prosthesis)
- Other Orthopedic (No Devices)

**VISUAL**

- Totally Blind
- Legally Blind
- Visually Impaired

**HEARING**

- Deaf
- Hard of Hearing
- Speech

**OTHER**

- Psychological
- Substances Abuse
- Learning Disability
- Asperger's or Autism
- ADD or ADHD
- Traumatic Brain Injury (TBI)
- Temporary Disability
- Other Medical

Please specify if not listed above: \_\_\_\_\_

Do you have a medical doctor or physician for the disability (disabilities) noted?

Yes                      No

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Do you have a therapist/psychiatrist for the disability (disabilities) noted above?

Yes                      No

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are you currently taking any medications to treat any disability or medical condition indicated above?

Yes                      No

If you wish, you may list your medications below.

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### **Section 3: ACADEMIC INFORMATION**

What degree or certificate are you currently pursuing?

- Master of Science - Environmental & Occupational Health Sciences
- Master of Public Health - Community Health Education
- Master of Public Health – Environmental & Occupational Health Science
- Master of Public Health - Epidemiology & Biostatistics
- Master of Public Health - Health Policy & Management
- Master of Public Health - Nutrition
- Master of Public Health - Public Health Geographic Information Science
- Doctor of Public Health - Community, Society, and Health
- Doctor of Public Health - Environmental and Occupational Health
- Doctor of Public Health – Epidemiology
- Doctor of Public Health – Health Policy and Management
- Advanced Public Health Certificate Program

### **Section 4: ASSISTIVE TECHNOLOGY and ALTERNATIVE TEXTBOOKS**

What assistive technology software do you use? (Please check all that may apply. If none, please check None and skip to the next section)

- |                   |                           |
|-------------------|---------------------------|
| None              | Kurzweil 1000             |
| Read & Write Gold | Kurzweil 3000             |
| JAWS              | Dragon Naturally Speaking |
| ZoomText          | Other                     |

What assistive technology hardware do you use? (Please check all that may apply. If none, please check None and skip to the next section)

- |                        |                      |
|------------------------|----------------------|
| None                   | Tape Recorder        |
| CCTV                   | Large Print Keyboard |
| Victor Reader          | Livescribe Smartpen  |
| Handheld Magnifier     | Other                |
| Handheld/Portable CCTV |                      |

What are your preferred alternate textbook formats? (Please check all that apply)

- Microsoft Word (E-text)
- Adobe Acrobat PDF (E-text)
- Learning Ally (Daisy Audio)
- Large Print

If there is anything else you would like to share please use the lines below.

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**PLEASE PRINT AND SIGN YOUR NAME**

\_\_\_\_\_  
PRINT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGN