

Access & Accommodations Center (AAACE)

Welcome Form

Last Name: _____ First Name: _____ MI: _____

Preferred Name/Nickname: _____ Student ID: _____

Date of Birth: _____ Gender: _____ Race/Ethnicity: _____

GSU Email: _____ Alternate Email: _____

Cell Phone: (____) _____ Alternate Phone: (____) _____

Carrier: AT&T__ Sprint__ T-Mobile__ Verizon__ Other _____

Emergency Contact: _____ Phone# _____ Relationship to you _____

Current GPA: 3.50 – 4.0__ 3.00 – 3.49__ 2.50 – 2.99__ 2.00 – 2.49__ <2.0__ Unknown__

Classification: Freshman__ Sophomore__ Junior__ Senior__ Graduate__

Post-Baccalaureate__ Certification__ Joint Enrolled__ Law School__

Major/Minor: _____ Expected Graduation Date: _____

Career Goals: Plan A - _____

Plan B - _____

Are you currently enrolled? Y__ N__ If no, anticipated start date: _____

Are you a transient student? Y__ N__

Are you a transfer student? Y__ N__ From where? _____

Are you in Move on When Ready? Y__ N__

US Military Veteran? Y__ N__

Are you a client of a state/federal rehabilitation agency? Y__ N__

If no, may we help you get connected? Y__ N__

If yes, please provide the following: Counselor: _____ (Your Counselor's Name)

Phone: (____) _____ City _____ State _____ Zip _____

Assistive/Adaptive Technology you will bring with you to GSU: _____

Medical Doctor: _____ Psychologists/Psychiatrist: _____
(Name) (Name)

Current Medications: _____

Does AACE have documentation of your disability on file? Y ___ N ___

Diagnosis: _____

Date of Last Evaluation/Psychoeducational Evaluation _____

Are you interested in obtaining a reduced-cost psychoeducational evaluation? Y ___ N ___ Maybe ___

Describe how your disability impacts performance in an academic/educational environment (i.e.: functional limitations or limited major life activities)

Please list previous accommodations that were implemented in an academic setting. Specify those that maximized your strengths as well as those that did not

Describe the types of accommodations that you believe will allow you to be the most successful during your collegiate career.

I acknowledge that this is only a request for accommodations. Once my file has been reviewed AACE will contact me (typically within a few days) to discuss my request.

Student Signature

Date

Major Life Activity Assessment: Please indicate major life activities that are substantially limited and may result in specific functional limitations in a postsecondary academic setting (i.e., problems sitting for long periods of time; unable to type for more than ten minutes; unable to walk more than 50 feet without fatigue; when active may incapacitate; attendance issues, etc.). **Please indicate severity and describe functional limitations and/or accommodations needed.**

Activity	Does Not Apply	Mild	Moderate	Severe
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for Oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Bodily Functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____				