Adult Academic Disability Program
ADDITIONAL STUDENT INFORMATION FORM 2014 - 2015

Student Name_____________________________________________________

Phone Numbers:   Home ______________  Cell ________________________

Contact Person Name: ___________________________________ Phone__________

Description of Disability___________________________________________
__________________________________________________________________

Onset Date of Disability _________________________________________

Will you bring medication with you? _____Yes _____No

If yes, what? ___________________________________________________

Provides own transportation? _____Yes _____No

If no, how? ___________________________________________________

How did you find out about us? ___________________________________

What do you think you are good at in school? ______________________
__________________________________________________________________

What is hard for you to learn in school? ____________________________
__________________________________________________________________

What do you think would make it easier for you to learn? ____________
__________________________________________________________________

*I receive lots of support from my family & friends  ___T  ___F
*I am motivated to do well in school                      ___T  ___F
*I would be willing to do homework                        ___T  ___F
*I read for pleasure                                      ___T  ___F

Hobbies & Interests________________________________________________