



Notre Dame of Maryland University Disability Support Services
CONFIDENTIAL Client Information Sheet

Name: _____ Date: _____

NDMU Student Number: _____

Local/Campus Address: _____

Phone: _____

Is it okay to leave a message? _____

Email Address: _____

Is it okay to send an email? _____

Permanent Address (if different from above): _____

Emergency Contact Person: _____ Phone: _____

Relation: _____ Phone: _____

Relation: _____

1. Student Status (if applicable):

- 1) Freshman: ___
- 2) Sophomore: ___
- 3) Junior: ___
- 4) Senior: ___
- 5) Grad ___

2. Division:

- 1. Women's College _____
- 2. CAUS _____
- 3. Accelerated _____
- 4. Graduate
 - a. Pharmacy _____
 - b. Nursing _____
 - c. Education _____
 - d. Liberal Studies _____
 - e. Management _____
 - f. Non-Profit Management _____
 - g. Contemporary Communication _____

3. Major: _____ 4. G.P.A. _____

4. Academic Probation? 1. Yes: ___ 2. No: ___

5. Date of Birth: _____

6. Age: _____

7. Gender: _____

8. Racial/Ethnic Identity:

- 1. _____ African American
- 2. _____ Asian/Pacific Islander
- 3. _____ Caucasian
- 4. _____ Hispanic/Latino/a
- 5. _____ Native American
- 6. _____ Bicultural: _____

7. _____ Other: _____

9. Type of disability:

- 1. _____ Learning disability
- 2. _____ ADD/ADHD
- 3. _____ Mental Health/Psychiatric
- 4. _____ Vision
- 5. _____ Hearing
- 6. _____ Physical
- 7. _____ Autism Spectrum
- 8. _____ Chronic Health Condition
- 9. _____ Other: _____

10. Helpful Accommodations:

11. Please indicate who referred you to Disability Support Services:

- 1) Self
- 2) Friend:
- 3) Advisor:
- 4) Dean:
- 5) Other: _____
- 6) Relative:
- 7) Teacher/Professor:
- 8) Roommate:
- 9) Residence Life

12. Have you had testing completed by a psychologist or psychiatrist within the last 3 years?

1. Yes: _____ 2. No: _____

13. Did you have an IEP or 504 Plan in High School? 1. Yes: _____ 2. No: _____

14. To what degree are your learning challenges/disabilities affecting your academic performance?

- 1. ___ No negative effect
- 2. ___ Some negative effect
- 3. ___ Moderate effect
- 4. ___ Marked negative effect
- 5. ___ Extreme negative effect

15. In your own words, please state what brings you in for disability support services at this time:
