Office of Disability Services
Loew Hall, Room 211
Telephone: (718) 289-5874
disabilityservices@bcc.cuny.edu

Bronx Community College
Of The City University of New York
2155 University Avenue
Bronx. New York 10453

ACCOMMODATIONS QUESTIONNAIRE

Date: _____

STUDENT INFORMATION

Name: _____ EMPL ID#: _____

Address: _____ Apt. # _____

City: _____ State: _____ ZIP Code: _____

Home Phone: (___) _____ Cell Phone: (___) _____

E-mail Address: _____

Date of birth: _____ Gender: _____

Place of birth: _____

Are you Latino/a? Y☐ N☐; Race/Ethnicity: _____

Are you an international student? Y☐ N☐

Marital Status: Single☐ Married☐ Partner☐

What is your gender? Male ☐ Female☐ Transgender☐ Prefer not to answer ☐

Do you have children? Y☐ N☐

With whom do you live? _____

Are you the first generation in your family to attend college? Y☐ N☐

Are you eligible to work in US? Y☐ N☐

Do you have veteran status? Y☐ N☐

Do you use Access-A-Ride to travel to BCC? Y☐ N☐

Is your disability temporary? Y☐ N☐

Select voter registration status:

☐Registered ☐Ineligible to vote ☐Registration mailed ☐Declined registration

Who referred you to this office/how did you learn about the office?

_____

_____

What is your disability or medical condition?

_____

If you have no known disability, what is the reason you came to the office?

_____

_____

EDUCATION INFORMATION

High School _____ City _____ State ___ Country _____

Date HS Diploma received _____ OR Date GED received _____ ☐ENG. ☐SPA.

If you received a GED what is the highest grade you completed? _____

Did you have an Individual Education Plan (IEP) in High School? Y ☐ N ☐

Have you previously enrolled in college? Y☐ N☐

If yes, name of college: _____

State: _____Years attended: _____

Please list services/accommodations you received at any previously attended school:

_____

Are you affiliated with the following?

☐ASAP ☐CD ☐CUNY Start ☐Coaching Unit ☐WIPA ☐EDGE ☐CLIP

Class Status: ☐ First Year Freshman ☐ First Year Transfer ☐ Readmit ☐ Sophomore ☐ Upper Sophomore

Date of the admission to BCC: _____ Major: _____

Number of college credits completed: _____ Current GPA: ____

CUNY LEADS

Linking Employment, Academics and Disability Services (LEADS) helps students successfully connect their academics to their career goals.

Are you currently employed? Y☐ N☐; if yes, please complete the following:

☐ Full-time ☐ Part-time ☐ Temporary ☐ Internship

Employer name: _____

Job title: _____

Start Date: _____ Hourly rate: _____

If no, have you worked previously? Y☐ N☐; If yes, how long and what kind of work?

_____

Career or Employment Goals: _____

Are you planning to transfer to a 4 year school? Y☐ N☐

SUPPORT AND SERVICES

Select agency if you receive support from any of their services from the following list:

☐ SSI

☐ SSDI

☐ Public Assistance

☐ Adult Career and Continuing Education Services- Vocational Rehabilitation (Acces-VR)

☐ Commission for the Blind and Visually Handicapped (CBVH)

☐ VA Rehabilitation Services

☐ other, please specify: _____

DISABILITY RELATED INFORMATION

Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, and participate in college life.

Please indicate your disability type(s). Check all that apply:

☐ Learning Disability

☐ Attention Deficit/Hyperactivity Disorder (AD/HD)

☐ Visual Impairment or Blindness

☐ Deaf or Hard of Hearing

☐ Physical Disability, please specify:

_____

☐ Chronic Medical Condition, please specify:

_____

☐ Psychiatric Disability, please specify:

_____

☐ other, please specify:

_____

Physical Limitations

Please check all that apply

☐ I use a wheelchair.

☐ I wear a hearing aid.

☐ I have a cochlear implant.

☐ I need to read lips of instructors.

☐ I rely on sign-language interpreting services.

☐ I have difficulty reading the blackboard.

☐ I have difficulty taking notes in class.

☐ I have difficulty writing.

☐ I have difficulty standing for long periods of time.

☐ I tire easily when I walk distances.

☐ I have difficulty walking up/down stairs.

☐ I use a brace, crutches, cane, or prosthesis.

☐ I utilize assistive technology.

☐ other, please specify:

_____

Learning Limitations

☐ I have difficulty taking notes

☐ I have difficulty expressing thoughts in writing

☐ I struggle with reading and comprehension

☐ I struggle with numbers and calculating

☐ I have difficulty concentrating

☐ I have difficulty listening

☐ I struggle with memorizing

☐ I struggle with spelling

Social Limitations

☐ Working with others is a challenge for me ☐ I cannot move on a task until is perfect

☐ Certain stimuli (noises, sights, etc.) triggers disruptive, maladaptive behaviors

☐ I become anxious and sometimes freeze in a new environment

☐ I seem to have difficulty communicating my thoughts clearly to others

Are you currently taking any medication related to your disability or medical condition? If so, please list all of the medications you are taking.

_____

_____

Please also list any side-effects of the medications that you are taking and their impact on your academic/cognitive abilities and/or other activities.

_____

_____

Have you met with a therapist in the past? Y☐ N☐ Specify: _____

I am requesting the following accommodations:

_____

_____

STUDENT CERTIFICATION

I have read and understand the questions asked above and have answered them to the best of my ability and knowledge.

Student: _____ Date: _____

COUNSELOR/DIRECTOR COMMENTS

_____

_____

_____

_____

_____

_____

_____

_____

_____

Counselor's signature: _____ Date: _____