

___Documentation
NOTE: OFFICE USE ONLY

___E-Text

___Scribe

___Reader

___FL Waiver

NOTE: OFFICE USE ONLY

Date: ___/___/___

First Semester at Farmingdale: _____

Intended Major: _____

College Interview Form

Fill out to the best of your ability

Name: _____

Semester Requesting Services: Fall___ Spring___ Summer___ Year___

Classification: Entering ___ Freshman ___ Sophomore___ Junior ___ Senior ___ Transfer ___

Address: _____

RAM: _____

Home Phone: (____) _____

Birth date: _____

Cell Phone: (____) _____

Personal Email: _____@_____

TYPE OF DISABILITY Check as many as apply and for which you are submitting documentation:

*(NOTE: You must submit documentation for **each** disability you check below before services can be provided.)*

Asperger's/ High Functioning Autism___ Deaf/ Hard of Hearing___ Medical___

Attention Deficit Disorder___ Emotional/ Psychological___ Mobility/ Physical___

Blind/ Low Vision___ Learning Disability___ Speech___

Other Disability: _____

REQUESTED ACCOMMODATIONS: Please list the accommodations and/or services you feel you might need in order to pursue your academic career at Farmingdale State College

ACADEMIC BACKGROUND

Farmingdale State College

Current # of credits: _____ Current FSC GPA: _____

You entered FSC as a: Freshman _____ Transfer student with _____ # credits Transfer with AA _____

Have you ever been on: Academic probation? Yes _____ No _____ Academic suspension? Yes _____ No _____

Are you **currently** on: Academic probation? Yes _____ No _____ Academic suspension? Yes _____ No _____

High School Record

High School: _____ Graduation Date: _____

City: _____ State: _____ High School GPA: _____

Did you receive any type of special education services while in high school? Yes _____ No _____

High School Support Services

List services/accommodations requested in high school. Indicate those you used often.

_____	_____
_____	_____
_____	_____
_____	_____

Record from Other Colleges

Have you attended another college? Yes _____ No _____

If yes, please list the colleges, your GPA, and degree received:

College: _____ City/ State: _____ GPA: _____ Degree: _____

College: _____ City/ State: _____ GPA: _____ Degree: _____

Did you receive any type of special accommodations at a previous college? Yes _____ No _____

If yes, please describe _____

Based upon your disability, have you been granted substitutions for required courses at another college?

Yes _____ No _____ If yes, please list which courses were substituted: _____

OUTSIDE AGENCIES

Are you a client of VESID, CBUA, Veterans Administration or any other rehabilitation services? Yes _____ No _____

Name of Agency: _____

Name of Counselor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Describe the way in which your disability affects you **now** (such as in speaking, listening, note-taking, spelling, writing, etc.) _____

What are your strong points in an academic setting? _____

What are the ***non-academic*** things you do well? Are you involved in any activities or clubs? _____

What are your career goals? _____

Do you feel comfortable and competent in explaining your disability to others? Please explain your answer

Academic Rating Scale

Rate your skills in the following areas

Skill	Excellent	Good	Satisfactory	Unsatisfactory
Reading Comprehension				
Reading Rate				
Written Language Mechanics				
Spelling				
Math concepts and computation				
Math problem solving (story problems)				
Test taking				
Note taking				
Motivation for learning				

Services you believe will maximize your academic performance in college

___ Specific disability programs within college

___ Time management strategies

___ Tutoring for selected academic courses

___ Study skills classes/seminars

___ Remediation and help developing compensatory strategies

___ Group study lessons

___ Note takers

___ Alternative setting for testing

___ Permission to tape record lectures

___ Career counseling

___ Textbooks on tape/CD

___ Personal counseling



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.