

Initial Conference Notes

“These are a few questions that will help us determine your unique needs to assist us in making effective accommodations and referrals.”

1. Name: _____
2. Student ID: _____
3. How old are you? _____
4. Where did you attend High School? _____
5. Are you with DARS? **YES** or **NO**
6. When you were in high school did you have accommodations (Extra help)?

7. Are you a *freshman/ Commuter/ Transfer* student? _____
8. Did you participate in any college prep programs? _____
9. What is your major? _____
10. Do you have a current class schedule? **YES** or **NO**
11. Are you interested in any extracurricular activities? (ex. Band, Football, PALs)

12. By the way, do you know what your disability is? If yes, do you have supporting documentation of the known disability? _____
13. Do you wear glasses? **YES** or **NO**
14. Do you wear a hearing aid? **YES** or **NO**
15. Taking any medications for your disability? **YES** or **NO**
16. Who else lives with you/ Are you the eldest? _____
17. Learning styles Inventory – **YES** or **NO**
18. Current Schedule - **YES** or **NO**
19. Intake Forms- **YES** or **NO**
20. Tape Recorder - **YES** or **NO**
21. Explain the student complain procedure. www.pvamu.edu/disabilityservices

Staff Name: _____ Date: _____