

Disability Services (DS) Registration Form

Students who should NOT submit this form are:

- Those requesting only Housing Accommodations (appropriate form at <http://health.columbia.edu/forms>);
- Those already registered with Disability Services who wish to request supplemental accommodations (appropriate form at <http://health.columbia.edu/forms>);
- Barnard, Teacher’s College, UTS, or JTS (not GS joint degree) students. These students must request accommodations at their respective institution’s disability services office.
- Students not diagnosed with a disability. Instead complete the Disability Services (DS) Registration Form for Students NOT Diagnosed with a Disability.

Today’s Date: _____

I. Student Information

Name: _____ Preferred Name: _____

UNI: _____ Date of Birth: _____ Gender: _____

Preferred Phone #: _____

Current Address: _____

If you do not have a CU email yet, please provide an alternate email address: _____

Note: All email communication from DS will be sent to your CU email address once assigned by the University.

II. Academic Information

A. First semester (or anticipated) at Columbia: _____

B. Specify your school/program at Columbia (check all that apply):

- Columbia College School of General Studies - Undergraduate
 SEAS Undergraduate School of General Studies - Postbaccalaureate Premedical Program
 Continuing Education/Graduate/Professional School

School: _____ Program: _____

High School Program – Specify Program: _____

Specify which session you will be attending (check one): Session I Session II

Will you live on campus? YES NO

Visiting Student – Specify Home University: _____

Semester(s) you will attend CU: _____

I am a Prospective Student – Specify Columbia School/Program: _____

C. Check all that apply:

- I am an International student
 I am an athlete (specify team affiliation): _____
 I am a military veteran (specify VA affiliation, if applicable): _____

III. Referral Information

Please indicate how you heard about Disability Services (check all that apply):

- Columbia Website Columbia Student Family Member Professor/ TA Academic Advisor/Dean
 Counseling and Psychological Services (CPS) or CUMC Mental Health Services Orientation
 Medical Services or CUMC Student Health Services

If referred from another department at Columbia, please indicate name of person: _____

Other: _____

IV. Previous Schools and Accommodations

Previous School(s) Attended	Dates Attended (From – To)	List All Approved Disability Accommodations and Services from Previous School(s)

V. Disability Information

Specify your disability type (check all that are applicable):

- Physical or Mobility Psychological Chronic Medical Condition
Specify: _____ Specify: _____ Specify: _____
- Deaf or Hard-of Hearing Blind or Low Vision Attention Deficit/Hyperactivity Disorder (AD/HD)
- Traumatic Brain Injury Learning Disability Other: _____

How does your disability impact your ability to complete your coursework or other program requirements?

Please describe your academic performance at Columbia thus far or from your most recent school.

How does your disability affect you in your everyday life and daily activities?

Provide any information about your program that you feel is important and relevant to your accommodation request.

Only complete the sections below that apply to your documented disability(ies). After you have completed the appropriate section, move on to Section VI.

Part A – Learning disability, AD/HD, Traumatic Brain Injury, and psychological disabilities

Part B – Deaf or Hard of Hearing

Part C – Chronic medical condition, and physical or other mobility disabilities

Part D – Visual disability or blind

A. To be completed only by individuals with a learning disability, attention deficit/hyperactive disorder, traumatic brain injury, or psychological condition:

Nature of disability (specify type(s)): _____

Date of diagnosis: _____

List the specific difficulties you experience related to your disability (i.e. reading, writing, concentration, memory, time management, note-taking, etc.) that may impact your ability to complete your coursework or other program requirements: _____

B. To be completed only by individuals with a hearing disability or who are Deaf:

Do you wear hearing aids or cochlear implants? YES NO

If yes, check all that apply:

Behind-the-ear hearing aids

Do they have Direct Audio Input (DAI)? YES NO

In-the-ear hearing aids

In-the-canal hearing aids

Cochlear implant – ear level processor

Cochlear implant – body worn processor

My device has telecoils

Have you used a neckloop with telecoils? YES NO

My device has a M-T (microphone-telecoil) switch

Do you or have you used an FM system/assistive listening device in the past? YES NO

If yes, please specify type (brand, model): _____

If yes, how does/did sound get to your ear?:

neckloop

cochlear implant

earphone (in the ear)

headphone (over the ear)

Please indicate the best way for DS to communicate with you other than via email or an in-person meeting:

Telephone conference call

Skype

GChat

Facetime

WhatsApp

Other: _____

What types of other auxiliary aids have you used, if any?: _____

Do you use captioned media? Yes No

What means of expression and receptive communication do you use? (check all that apply)

Oral Communication Speech Reading American Sign Language Signing Exact English

Speech-to-text transcription (e.g. CART, C-Print) - Please specify your preferred type: _____

Other (specify): _____

C. To be completed only by individuals with a chronic health condition, or physical or other mobility disability:

Which, if any, of the following mobility aids do you use?

- Prosthesis (specify): _____ Braces Crutches Cane
 Manual Wheelchair Motorized wheelchair/scooter Other (specify): _____

Do you use stairs? (If so, specify general number tolerable): _____

Do you experience any of the following? (check all that apply)

- I have difficulty standing for long periods of time. I have difficulty taking notes in class.
 I tire easily when I walk distances. I have difficulty writing.
 I have difficulty walking up/down stairs. I utilize assistive technology.
 I have academic difficulties. Please describe: _____

D. To be completed only by individuals with a visual disability or who are blind:

Visual Acuity (if applicable): _____ Right Eye: _____ Left Eye: _____

Degree of Blindness: Total Light Perception Form Perception

Travel Aids: Cane Service Animal Other: _____

Do you use Assistive Technology? Specify type(s): _____

Do you use alternate format reading materials? YES NO

If yes, indicate your preferred alternate format from the following:

Large Print
Specify font size and type (e.g. 20 point bold, sans serif font): _____
If you use large print, specify whether it is used for visual subjects only (e.g. math, science, art) or for all subjects: _____

Electronic Format
Specify file type (e.g. Word, DAISY, audio file, accessible PDF): _____

Braille

Other (specify): _____

VI. Disability Documentation

Please provide information about the disability documentation you will be submitting to our office. Note you are responsible for ensuring your documentation meets DS documentation guidelines via www.health.columbia.edu/ods.

Name of Provider Providing Documentation: _____

Date of Documentation (month/year): _____

Type of Documentation:

- Learning Disability, AD/HD, Psycho-Educational, or Neuropsychological Evaluation
 Letter from previous school confirming approved disability accommodations
 Disability Verification Form (available on DS website)
 Letter from Treatment Provider
 Other: _____

Reminder: It will take up to 3 weeks to review your request, once the Registration Form AND disability documentation are received. Requests will not be considered until both are received.

VII. Accommodations and Services

Please specify what accommodations you are requesting. Disability Services will consider your request in light of your disability as described in your supporting documentation, and other information provided to Disability Services, as well as the requirements of your specific academic program.

Testing Accommodations:

- Extended time for in-class exams and quizzes Amount Requested: _____ minutes per hour
- Smaller proctored environment
- Scribe for exams (answer recorded/written for student)
- Use of computer for exams
- "Stop the clock" rest breaks: Up to 15 minutes per hour of exam time
- Accommodations for General Studies Admissions Exam or other placement/waiver exams (for any Columbia school):
Specify Exam(s): _____
- Specify Accommodations (if different from above): _____
- Other Testing Accommodation: _____

Classroom Accommodations:

- Note-taking Services
- Permission to use laptop for note-taking in class
- Permission to tape record lectures
- Accessible classroom and furniture. Specify your need: _____
- Other Classroom Accommodations: _____

Communication/Technology Accommodations:

- Sign-language interpreters
- Assistive listening devices (e.g. FM or Infrared systems)
- Real time captioning (CART)
- Captioned videos, podcasts, or other media
- Other: _____
- Assistive Technology
Specify type: _____
- Textbooks in alternate format
- Electronic Text- Microsoft Word Format
- Electronic Text- Structured PDF
- Large Print (specify font sizes and styles): _____
- Audio Format (specify): _____
- Other: _____

Campus Accommodations:

- Elevator and lift access
Specify location(s): _____
- Locker on campus
Specify location: _____
- Orientation and Mobility Training
- Accommodations for campus visit
Date of visit: _____
Specify accommodations: _____

Other Accommodations:

- Foreign Language Substitution – **Note:** You must complete the [Request for Foreign Language Substitution form](#)
- Other Accommodation(s)
Specify: _____
- I am not requesting accommodations at this time but would like to register given the changing nature of my disability
- I'm not sure what I need – I'd like to discuss this with someone

Student Acknowledgement Form/Confidentiality

Prior Disclosure to University Faculty, Staff, Administrators:

Have you discussed your need for accommodations and/or disability status with any University officials (e.g. advising dean, professors, etc.)? Yes No

If yes, please specify who you shared this with and the information you provided. This information will help Disability Services (DS) determine next best steps, if applicable.

Name of University official(s): _____

Information provided: _____

Accommodations:

To facilitate your request for accommodations, DS may provide information about your accommodation request and disability-related needs to University officials who have a legitimate educational interest in obtaining the information, including the following persons as deemed necessary:

- [DS Liaison](#) (Designated administrators in various programs throughout the University.)
- Columbia Health/CUMC Student Health Services
- Advising Dean/Deans
- Faculty/Administrators
- Athletics department
- Other school officials

Disability Services adheres to the confidentiality standards described in the University's [Policy on Access to Student Records under the Federal Family Educational Rights and Privacy Act \(FERPA\)](#). Under this University policy, prior written consent by the student may be required before DS may release disability documentation and/or records to others depending on circumstances.

Please note: This document will serve as written authorization under the University's FERPA policy for DS to share information as it deems necessary in order to consider and implement your accommodations.

You understand that this authorization will be deemed effective for the entire period you are studying at Columbia University (and/or at an affiliated institution) and seek the assistance of DS, unless you otherwise affirmatively revoke your authorization in writing to DS. This authorization begins at the time this form is submitted and applies during times away from Columbia including, but not limited to breaks between semesters, medical leave, studying abroad, etc.

Disclosures to Third Parties Outside the University

To provide your written consent to disclose medical/disability-related information or medical documents to third parties (outside the University) that you specify, you must submit the [Disability Services Release Form](#).

The signing of the Release Form does not automatically extend to parents or other family members. If you wish to grant permission for DS to communicate with your parents or other family members, the names of such individuals must be included in the Release Form.

Mandated Reporting

Disability Services staff are mandated reporters, including in situations where a student expresses intent of harm to self or others, and where a student discloses sexual harassment, sexual assault, gender-based harassment, stalking, and/or dating violence and domestic violence.

Disability Services will contact Counseling & Psychological Services (Morningside) or Student Mental Health Service (CUMC) or Public Safety for students expressing intent of harm to self or others.

Disability Services will contact the Equal Opportunity and Affirmative Action or Gender Based Misconduct for students disclosing any discrimination, harassment, and/or gender-based misconduct.

Your signature below indicates that you have read this information, that you understand the role of the above parties in implementing accommodation(s) based on your documented needs, and that you are hereby authorizing DS to share your disability-related information with the appropriate University officials for the purpose of addressing your accommodation needs. Your signature below also indicates that you understand that DS staff are mandated reporters.

Name of Student (*Please print*)

UNI

Signature of Student

Date