

Disability Services (DS) Registration Form for Students NOT Diagnosed with a Disability

Students who should NOT submit this form are:

- Non-matriculated students; this form is for current Columbia students **only**.
- Students seeking support on the basis of a short/acute illness (e.g. seasonal flu). In such instances, students should contact their advisor for assistance.
- Students diagnosed with a disability should complete the [Disability Services \(DS\) Registration Form](#).
- Students requesting [Housing Accommodations](#) and/or an [Assistance Animal](#) in housing.
- Students already registered with Disability Services who wish to request [supplemental accommodations](#).
- [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.

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, 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. Anticipated graduation date (month/year): _____

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

Columbia College SEAS Undergraduate SEAS 3-2 Combined Plan Program

School of General Studies – Undergraduate School of General Studies - Postbaccalaureate Premedical

Graduate/Professional School: _____ Program: _____

Visiting Student – specify home University & semester(s) you will attend CU: _____

High School Program – specify program: _____

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

D. 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), if applicable

V. Information from Students Not Diagnosed With a Disability

Please take the time to answer the questions below in order for DS to understand the difficulties you are experiencing more fully and for DS to determine next best steps. Should you need more room to complete this section, feel free to include an addendum.

Explain in greater detail how you were referred to Disability Services, and for what reason.

What is your most significant academic concern and how long have you been experiencing this concern?

Describe your academic performance at Columbia thus far including GPA, number of completed points, and note if any variations in your performance (e.g. by semester, type of class, etc.).

Have you experienced a negative impact on your academic performance or personal well-being as a result of your difficulties? If so, describe.

Did you have difficulties learning to read and/or write? If yes, describe: _____

Have you ever experienced or received any of the following (check all that apply)?:

- Diagnosed with a disability as a child. If yes, at what age were you first identified as having a disability?: _____
- Recommended but not evaluated/tested as a child
- Individualized Education Plan (IEP) or 504 Plan. Check all that apply:
 - Elementary School
 - Middle School
 - High School
- Early educational services. Check all that apply:
 - Speech Therapy
 - Occupational Therapy
 - Reading instruction/support
 - Other: _____

Have you tried any strategies on your own to help with the difficulties you're having (e.g. reading notes into a recorder and playing them back so you can listen to them)? If so, specify.

How would you describe your current physical health?: _____

List and describe any serious illnesses, hospitalizations, concussions, or head injuries from childhood to present including approximate dates: _____

How many hours do you sleep per night on average? Describe your overall sleep hygiene: _____

Are you currently working? If yes, where and for how many hours per week?: _____

Are you currently under the care of a doctor or mental health treatment provider for a medical or psychiatric condition?

YES NO

If yes, indicate from the following the type of treatment provider you are working with:

- Morningside student Medical Services
- Morningside Counseling and Psychological Services (CPS)
- CUMC Medical Services
- CUMC student Mental Health Services
- Private/Off-Campus Provider
- Other: _____

If yes, what is the name and address of your provider?: _____

If yes, also state the condition you are in treatment for and describe how this condition contributes to your academic difficulties, if applicable.

What are you hoping Disability Services will be able to provide in order to address your concerns?

- Work with a Learning Specialist to develop study skills, time management strategies, or note-taking skills
- Referral list to update my learning disability or AD/HD evaluation
- Referral list for evaluators to complete an initial evaluation of LD/ADHD
- Explore my academic difficulties to better understand their cause
- Accommodations (refer to the next section to specify which accommodations you are requesting)

VI. Accommodations and Services

Please specify the 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.

Campus Accommodations:

- Elevator and lift access
Specify location(s): _____
- Locker on campus - specify location: _____
- Orientation and Mobility Training

Classroom Accommodations:

- Note-taking services
- Permission to use laptop for note-taking in class
- Permission to audio record lectures
- Accessible classroom and furniture - specify your need: _____
- Other classroom accommodations: _____

Exam Accommodations:

- Extended time for in-class exams and quizzes Amount requested: _____ minutes per hour
- Reduced-capacity environment for quizzes and exams (generally, divide room capacity by 3 to determine the appropriate number of occupants for a reduced-capacity environment)
- Scribe for exams (answer recorded/written for student)
- Use of computer for exams – specify: MAC PC No preference
- "Stop the clock" rest breaks: Up to 15 minutes per hour of exam time
- Accommodations for placement/waiver exams (for any Columbia school):
Specify Exam(s): _____
Specify Accommodations (if different from above): _____
- Other exam accommodations: _____

Academic Accommodations:

- Modifications to course requirements
Specify course/request: _____
- Priority Registration
- Learning Specialist Sessions
- Other academic 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: _____

Other Accommodations:

- Other accommodations - specify: _____
- I'm not sure what I need

Student Acknowledgement Form

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 information with and the type of information you provided. This information will help Disability Services (DS) determine next best steps, if applicable.

Name of University official(s): _____

Information provided: _____

Confidentiality & Release of Information

Confidentiality:

The University recognizes that student disability records contain confidential information and as such documentation of a student's disability is maintained in a confidential file at Disability Services (DS). Although, disability and accommodation records are considered part of the student's educational record, documentation concerning disabilities is separate from the student's general academic record. Eligibility for disability accommodations will not appear on your transcript.

DS will maintain the confidentiality of all student records as required or permitted by law. Procedures for handling student information have been adopted by DS and are rigorously followed by the DS staff. Students are informed of their confidentiality rights during their first meeting with DS.

Please note that this document will serve as written authorization under the University's Family Educational Rights and Privacy Act (FERPA) policy for disclosure to appropriate faculty and staff of one's status as a registered student with DS. Under this federal law, in some circumstances, prior written consent by the student may be required before DS may release disability documentation and/or records. This document will serve as written authorization for DS to share information as needed in order to effectuate your accommodation request. Any disclosure and/or discussion of disability-related information is used to guide DS for the purpose of coordinating and administering requested accommodations. Your signature below confirms that you understand that this authorization will be deemed effective for the entire period you are enrolled 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.

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
- Counseling and Psychological Services/Student Mental Health Service
- Advising Dean/Deans
- Faculty/Administrators
- Clinical Preceptors/Field Instructors
- Athletics department
- Other school officials

Disclosures to Third Parties

- 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.
- A student's file may be released pursuant to a court order or subpoena. In addition, a student may give written authorization for the release of educational information when the student wishes to share it with others. Before giving such authorization, the student should understand the information being released, the purpose of the release, and to whom the information is being released.
- When a student expresses intent of harm to self or others, Disability Services will contact Counseling and Psychological Services (Morningside), Student Mental Health Service (CUMC) or Public Safety/NYC Emergency Services.
- Disability Services will fulfill its reporting obligation in the event of suspected child abuse or maltreatment as outlined in the University Protection of Minors policy: <http://compliance.columbia.edu/minors.html>
- University administrators who learn of suspected instances of discrimination, including instances related to disability, have a duty to refer the information immediately to the Office of Equal Opportunity and Affirmative Action. These procedures are intended to ensure a safe and nondiscriminatory employment and educational environment and comply with applicable law.

Guidance for Students

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.

Name of Student (*Please print*)

UNI

Signature of Student

Date