

# Disability Self-Disclosure Form

NAME: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

ID#: \_\_\_\_\_

- |    |   | Yes                      | No                       |
|----|---|--------------------------|--------------------------|
| 1. | a). Do you have a physical (medical, sensory, mobility) disability? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
|    | b). Do you have a learning disability? .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
|    | c). Do you have ADD or ADHD? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | d). Do you have a neurological or psychiatric disability? .....           | <input type="checkbox"/> | <input type="checkbox"/> |

**(If you have a learning disability, an attention deficit disorder, or a neurological or psychiatric disability and you seek accommodation for that condition, you must attach a report of appropriate testing documenting the disability as detailed in the enclosed pamphlets.)**

2. Please describe your disability.

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3. What were your most difficult courses in high school? Why?

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4. Did you receive support services or accommodation in high school? .....  Yes  No

If yes, describe:

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5. What did you do in high school to make yourself successful?

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6. What accommodations do you wish to request at Gettysburg College? Why?

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7. Please list any medications which might affect your learning.

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8. Please select one of the options below and sign your name. If you have questions, please contact Dean GailAnn Rickert.

a). **I DO WISH** the Office of Academic Advising to share information about my disability and recommendations for accommodation with my faculty advisor and instructors. I understand that I have the primary responsibility to share this information and that the Academic Advising Office will supplement the information I have already provided to my advisor and instructors only when this is necessary or advisable.

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signature

b). **At this time, I DO NOT WISH** the Office of Academic Advising to share information about my disability and recommendations for accommodation with my faculty advisor and instructors. If I do not wish Academic Advising to share information, I can still receive an Individual Education Accommodation Plan which I may share with my faculty advisor and instructors but the Academic Advising Office will not be able to share additional information about my disability and recommended accommodation with anyone.

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signature