



# STUDENT SELF REPORT FORM

**Accessibility Resources**

University of Cincinnati Blue Ash College  
9555 Plainfield Road  
Blue Ash, Ohio 45236

Phone: (513) 792-8625  
Fax: (513) 792-8624

Last Name:	First Name:	MI:
Today's Date:	Student ID#:	Birthdate:
Street Address:		
City:	State:	Zip Code:
Home Phone:	UC Email:	Intended Major:
Cell Phone:	Home Email:	

<b>Reason for Visit:</b>
I have a disability with supported documentation. It is:

**Academic Information:**     College Student registered for classes     CCP Student/Reg for Classes

Please answer the following questions:

<p><b>What impact does your disability have on you in the academic setting? (examples: test taking, class attendance, taking notes, understanding materials, reading, comprehension, etc.)</b></p> <p>Have you been prescribed medication applicable to your disability? How does the medication impact your daily functioning?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>If any, what assistive technology devices and/or auxiliary aids have been effective in providing equal access to educational opportunities? (example: tape recorder, calculator, audio textbooks etc.)</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>How do you learn best( Seeing, Hearing, Doing or a Combination)?</b></p> <p>_____</p> <p>_____</p>
<p><b>What would you say are your most developed skills?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Are you working with any external support networks or organizations? (examples: Vocational Rehabilitation Services, Veterans Services, Other)</b></p> <p style="text-align: right;">Yes                      No</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Emergency Contact Name/Number & How they know you:**

Are there medical emergencies that may arise because of your disability?    **YES**    **NO**

If yes, please describe the emergency situation that could arise. Please note, if the college deems your situation to be an emergency we will contact 911.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Permission(s) to Share Information**

**I give permission for this office to share discuss pertinent information to my instructors about my disability to help them to provide appropriate classroom accommodations.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I give my parents/guardians permission to participate in any and all meetings relating to my accommodations for my disability while enrolled at University of Cincinnati Blue Ash.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**When finished press .....      **Submit****

An automated email will be sent to your UC email saying we received your form. No you need to complete the last step by having an intake accommodations meeting.

**\*Schedule your Intake Accommodations Meeting at 513-792-8625**

If you have any questions regarding these steps, please feel free to contact us @ 513-792-8625





