

**Self-Interview Questions for Students**

**Welcome to QCC Student Accessibility Services!**

Please fill out this form before meeting with Student Accessibility Services.

These responses will help staff to best assist you in your *Intake Interview*.

If receiving this by email

* click on “Enable Editing” at the top of the page *OR*

click on “View” and then click on “Edit Document”.

* Type in your answers.
* Save to your desktop.
* Email it back to us as an attachment.

If you choose to print this and complete it with pen, take a picture of it and attach it to an email to us. Thanks!

**Student Name:** Click or tap here to enter text.

1. Do you have disability documentation (medical, academic, or psychological testing)? Choose an item.

If NO, why not?

Click or tap here to enter text.

1. In your own words, what is your disability?

Click or tap here to enter text.

1. (a) What are your learning strengths?

Click or tap here to enter text.

(b) What are your learning challenges?

Click or tap here to enter text.

1. How do you think your disability will affect you at QCC?

Click or tap here to enter text.

1. (a) What are your favorite academic subjects and interests?

Click or tap here to enter text.

(b) What subjects have been difficult in school?

Click or tap here to enter text.

1. Which of the following accommodations have you **used in the past**?

Please check all that apply.

**Please note**: *The below check-list provides a history of accommodation. Accommodations in college are determined on a case-by-case basis after a review of submitted documentation and the intake interview.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Classroom** | **Testing** | **Technology** | |
| Preferred seating  Copies of Classroom notes  Digital recording or Audio capture  Calculator  ASL Interpreter  Closed-Captioning  Braille Textbooks | Extended time  Less distracting setting  Calculator  Reader  Dictation and/or Scribe  Braille | Audio Textbooks  E-textbooks  Enlarged Print Textbooks  Speech-to-text programs  Digital Recorder or  Audio Capture  Use of personal computer  FM System |
| **Other:** Please List  Click or tap here to enter text. | **Other:** Please List  Click or tap here to enter text. | **Other:** Please list  Click or tap here to enter text. |

1. Please give 2 examples of self-advocacy. In other words, how will you ask for help when you need it?

1. Click or tap here to enter text.

2. Click or tap here to enter text.

1. Did anyone help you with this form? Choose an item.

If so, who? Click or tap here to enter text.

**Digital Signature:** Click or tap here to enter text. **Date:** Click or tap here.