DISABILITY SERVICES ADVISING QUESTIONNAIRE

Student: _______________________________  Advisor: _____________________________  Date: __________

How and when does your disability affect you most?

What time of day do you work best?

What is your (anticipated) major?

What are your strongest courses and weakest courses?
   Strongest:
   Weakest:

What is the best mix of courses for your semester?

When is your best time for studying and completing papers/projects? (In advance, night before, before class)

How do you learn best? (Repetition, visual aids, verbal, auditory, in groups, individually, etc.)

What other obligations do you have? (work, athletics, teaching fellows, extracurriculars)

Will you live on campus or commute?

How are these skills affected by your disability?
   • Math
   • Reading
   • Foreign Language
   • Writing
   • Physical Education

Bottom Line for Semester Scheduling:

Rev. 3/14  ALTERNATE FORMATS AVAILABLE UPON REQUEST