JOHNS HOPKINS UNIVERSITY DISABILITY SUPPORT SERVICES PEABODY REGISTRATION FORM

In order to receive accommodations, please submit a copy of your documentation regarding your disability with this form. Documentation guidelines are available at accessibility.jhu.edu. Documentation must be received before your registration is complete.

Date:					
I BIOGRAPHICAL INFORMATIC	DN				
Name:					
First	Middle		Last		
Student ID #	Birth Date:	Gender:	MALE F	EMALE	
Race/Ethnic Background (Optional):		_ Military Active or	Veteran:	_Yes	_ No
Cell Phone:	Home Phone:				
Other Phone:					
Address:					
City	State	Zip Code			
JHU E-mail Address:					
Alternate E-mail Address:					
II STUDENT STATUS					
First Term at JHU:	Year:				
Anticipated Date of Graduation:		Year:			
Year in program:1st2nd	3rd 4th				
Please indicate your anticipated degree	e: BM MM	_Other			
School/Program:					

III DISABILITY INFORMATION

Disability (check all that apply):

ADD or ADHD Type:	Date/Age at Diagnosis:
Learning Disability: Type:	_ Date/Age at Diagnosis:
Autism Spectrum: Type:	Date/Age at Diagnosis:
Blind or Low Vision*	Date/Age at Diagnosis:
Deaf or Hard of Hearing*	Date/Age at Diagnosis:
Health Type:	Date/Age at Diagnosis:
Mobility* Type:	Date/Age at Diagnosis:
Psychological Type:	Date/Age at Diagnosis:
Traumatic/Acquired Brain Injury	Date/Age at Diagnosis:
Other:	Date/Age at Diagnosis:
*Please complete the additional sections below	
Mobility (Skip if this section does not apply to you)	
Level of Mobility: Octation All None Limited	
Ambulatory:YesNoWith minimal ass	istance
Do you require a personal care attendant? Yes No	
Do you use a service animal? Yes No	
Mobility Device Requirements: Electric Wheelchair Manual Wheelchair S	cooter
Other (Walker, crutches, cane, etc.)	
Blind & Low Vision (Skip if this section does not apply to you	u)
Level of Disability □ Total Blindness	
Legally Blind	
Low Vision	
Partial vision with glasses	
Do you use a Seeing Eye dog? Yes No	
Deaf & Hard of Hearing (Skip if this section does not apply to	o you)
Level of Disability Completely Deaf	
 Have some hearing (with aides) 	
 Have some hearing (without aides) 	
Have hearing in one ear	
Can read lips	
Supports	
Hearing Aids	

- □ Assistive Listening Device (FM System)
- □ Interpreter (ASL)
- Transcriber (CART)

Please list any **disability** related medications you are taking:

Name:	:Purpose:	Sta	art date:	Dosage:
Name:	:Purpose:	Sta	art date:	Dosage:
Name:	:Purpose:	Sta	art date:	Dosage:
Name:	:Purpose:	Sta	art date:	Dosage:
Please	e explain how the medication helps you:			
IV	SERVICE HISTORY			
lf you i	received services at a previous institution, please de	escribe:		
High S	School:			
	What was the size of your school? Small	Medium	_ Large	
	Was it a school that specialized in working with st	udents with lea	rning disabilit	ies? Yes No
	Did it have Special Education/Support Services?	Yes	No	
	Did you use your accommodations?	YesN	No	
Colleg	je/University:			
	Name of the school:			
	City and State:			
	Dates Attended:			
	Reason for Leaving:			
	Did you request accommodations at this institution	n? YES	NO	
	Were accommodations provided?	YES	NO	
How h	ave services you have received previously assisted	you?		
	udents who receive agency services: (Skip if this u currently receive assistance from any of the follow		not apply to yo	ou)
•	ervices for the Blind Department of Rehabilita	-	Departm	ent of Veteran Affairs
	ther:			
Name	of Rehab Counselor:	Email:		
Agenc	cy Name:			

V CURRENT IMPACT STATEMENT

Functional Limitations: Please check off the activities listed below that you believe are affected as a result of your diagnosis. Please indicate level of limitation you experience as a result of the disability.

1= Unable to Determine 2= No Impact

3= Mild Impact 4= Moderate Impact 5= Substantial Impact

1	2	3	4	5	Major Life Activities	1	2	3	4	5	Learning / Time Management
					Caring for Oneself						Memory
					Talking						Concentrating
					Hearing						Listening
					Breathing						Organization
					Seeing						Managing distractions
					Walking						Timely submission of assignments
					Standing						Attending class regularly
					Lifting/Carrying						Making and keeping appointments
					Sitting						Managing stress
					Performing Manual tasks						Reading
					Eating						Writing
					Working						Spelling
					Interacting with others						Quantitative reasoning (math)
					Sleeping						Processing Speed

Describe in as much detail as possible how the diagnosed condition is currently impacting you (use additional paper if necessary).

Describe in as much detail as possible how the diagnosed condition has or has not impacted and substantially limited you in the past. Describe what supports you have used (use additional paper if necessary).

If you have tried any medical or educational interventions to manage the diagnosed condition, please explain what these were and how and why they have or haven't helped (use additional paper if necessary).

ACADEMIC ACCOMMODATIONS RECEIVED/REQUESTING

Please check/describe any services you have received in the past under "Previously Received". Please check those services you are interested in requesting at JHU under "Requesting at JHU".

Received in graph of the section of the sec		 	
Access to teacher handouts, slides, overheads Additional time on in-class writing assignments Additional time on in-class writing assignments Assistive Technology (Iaptop, note taking device, etc.) Closed Caption Video Information on board read aloud for students with visual impairments Information on board read aloud for students with visual impairments Information on board read aloud for students with visual impairments Interpreter/Transcriber: ASL CART CART C2-PRINT Interpreter/Transcriber: Access classroom when symptoms occur Notetaker Notetaker Occasional exceptions to absentee/tardiness policy Recorded Lectures/ Smartpen Foreign Language Waiver or Substitution Foreign Language Waiver or Substitution Internative esting environment Additional time when taking quizzes and exams (1.5 or 2) Alternate exam dates during heavy scheduling/space between Screen Reading Software Internative testing environment Assistive Technology on exams Screen Reading Software Internative testing Voice Input Software Internative testing Internative testing Screen Reading Software Internative for tests Internative for tests No scantron (due to visual issues)			
Additional time on in-class writing assignments	Classroom Accommodations:		
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Assistive Technology (laptop, note taking device, etc.) Closed Caption Video Information on board read aloud for students with visual impairments Interpreter/Transcriber: ASL CART CART C-PRINT C-PRINT C-PRINT CEL Leave classroom when symptoms occur Notetaker Occasional exceptions to absentee/tardiness policy Recorded Lectures/Smartpen Foreign Language Waiver or Substitution Foreign Language Waiver or Substitution Cest Accommodations: Additional time when taking quizzes and exams (1.5 or 2) Alternative testing environment Atternative testing environment Screen Reading Software Voice Input Software Calculator Computer for tests No scantron (due to visual issues) Scribe Speli-check or points not taken off for spelling Foreign Languagton Screen Reading Screen Reading Screen Reading Software	Additional time on in-class writing assignments		
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Large Print Services: Adjustable Height Table in Class			
Adjustable Height Table in Class			
Adjustable Height Table in Class	Services:		
	Other (please explain):		1

SERVICES RECEIVED/REQUESTING: (Skip if this section does not apply to you)

	Received in High school	Received in college	Requesting at JHU
Campus Access			
I cannot walk long distances quickly			
I cannot walk long distances at all			
I cannot go up or down stairs and need access to an elevator			
Brailed Room Numbers			
Raised Print Room Numbers			
I use an assistive walking device that makes it difficult to get around independently during inclement weather			
I use a service animal			
l use a cane			
I will need Orientation & Mobility training			
Emergency Evacuation			
Assistance may be required to evacuate a building			
Audio/Visual Alarm			
Transportation			
I am driving and need access to handicap parking close to my classes			
Independent use of the Metro			
Para-Transit/Metro Access			

OPTIONAL:

If there are additional questions pertaining to my documentation, I give DS the right to contact the professional who completed the evaluation to obtain further information so that we can appropriately determine eligibility of services.

Signature

Printed Name

Date

Please send documentation to or to ask questions contact:

Kyley M. Sommer Director of Student Affairs Peabody Conservatory of Music Johns Hopkins University One E. Mt. Vernon Place Baltimore, MD 21202 Tel. (667) 208-6700 Email: ksommer@jhu.edu