



## Student Interview Form

**Tell us about yourself. Please type, or print clearly.**

Full name:

CUNYfirst ID:

Date:

Cell phone number:

Email:

What is your disability?

If you are a Transfer student, were you accommodated at your previous college?

Yes

No

If you are a First Year Student, were you accommodated in High School?

Yes

No

### **Career Goals**

Are you interested in discussing employment opportunities and career-development options with a CUNY LEADS Advisor?

Yes

No

### **Are you supported by any of these NYS Services?**

New York State ACCES-VR

Consumer #

Counselor name:

CBVH (Commission for the Blind and Visually Handicapped) Consumer ID#

Veterans Benefits and Services

**Please check each major life activity affected by your disability:**

Concentrating	Spelling	Standing
Listening	Lifting	Talking
Memorizing	Carrying	Breathing
Reading	Performing manual tasks	Eating
Writing	Sitting	Hearing
Calculating	Walking	Seeing

If you take medication that relates to your disability, are there side effects which may affect you in class?    Yes    No

**Please check any Assistive Technology (AT) you currently use:**

Screen Reader	Sonocent Audio Notetaker
Screen Magnifier	Live Scribe Recording Pen
Text to Speech Software (Kurzweil 3000)	Digital Recorder
Speech Recognition Software	Tablet or laptop with Assistive Technology
FM Unit	MAC Computer with Assistive Technology
Braille Device	I communicate by Sign Language

Do you use assistive technology that is not on this list? If so, what?

**What accommodation(s) are you requesting at Baruch?**

- 1.
- 2.
- 3.
- 4.

## Documentation

Please provide documentation of your disability by having your provider complete an [Academic Adjustment Form](#) found on our [webpage](#).

Email the completed **Academic Adjustment Form** along with this **Student Interview Form** to [disability.services@baruch.cuny.edu](mailto:disability.services@baruch.cuny.edu). We will be in touch with you to schedule an interview at a time that is convenient for you, either in person or remotely.

## Financial Aid: TAP or EXCELSIOR

If you qualify for TAP or have applied for EXCELSIOR, promptly notify the Registrar and share with them proof of your disability status (Accommodation Card OR Letter).

[TapCompliance@baruch.cuny.edu](mailto:TapCompliance@baruch.cuny.edu)    [Excelsior@baruch.cuny.edu](mailto:Excelsior@baruch.cuny.edu)

## Voter Registration

**Student Disability Services is a National Voter Registration Act Voter Registration Site.**

**If you are NOT registered to vote where you live now, would you like information to register to vote?**

No, I am already registered to vote

Yes, I would like information

I do not want information

Whether or not you register to vote will NOT affect the services you receive from SDS.