

## **Student Self-Report**

Student Name:	_ Date:
Please answer the following questions to the best of younderstand your needs.	our ability in order to help us best
1. In your own words, explain how your disability af affect different areas such as test taking, note taking, v readings.	
2. What are your specific concerns for your academic	classes?
<del></del>	

3. If any, what accommodations have you used i helpful to you?	n the past? Why were these accommodations
4. What accommodations do you feel would be l	helpful to you that you have not used before?
5. Is there any additional information you would	like to include in your self-report?
Student Signature	Date