

Drew University
Office of Educational Services
Disability Support Services
Self-Identification Form for Students with Disabilities

Name: _____
(First) (Middle Initial) (Last)

Home Address: _____
(Number & Street)

(City) (State) (Zip)

Phone Number () _____ Cell () _____

Term of Entry to the University _____
(Semester & Year)

Type of Disability (check all that apply):

- Attention Deficit Hyperactivity Disorder
Specify Type: _____
- Learning Disability
Specify Type: _____
- Mobility Impairment
Specify Type: _____
- Blind/Low Vision
- Deaf/Hard of Hearing
- Psychiatric
- Developmental Disability
Specify Type: _____
- Health Impairment
Specify Type: _____
- Traumatic Brain Injury
- Other
Specify: _____

NOTE: Prior IDEA classification with an IEP or a previous 504 accommodation plan does not guarantee that you will be eligible for services at Drew University. The criteria for post secondary school are different than that of the K – 12 sector and require that a student be otherwise qualified to attend the University and that there be evidence of a substantial limitation in a life activity. Consult the Office of Educational Services website for information on the type of documentation that is required for your particular disability. Documentation will need to be submitted and an intake appointment will need to be held prior to granting any request for academic accommodations. Drew University students are not permitted to negotiate accommodations with individual professors: all accommodations must be determined through the Office of Educational Services.

Signature of Student: _____ Date: _____

Please return this form to :

Ms. Rosa Henneke Brothers College Room 114 36 Madison Ave
Drew University Madison, NJ 07940

For office use only: Date Received: _____