Banacos Academic Center

Disability Services

413-572-5789

ds@westfield.ma.edu

**Registration Form**

Name:  UWID#: 

Address:  Phone: (i.e. 555-555-5555)  Cell Provider:  (i.e Verizon, AT&T, etc.)

WSU Email:  @westfield.ma.edu Date of Birth: 

Major 1:  Major 2: 

Previous School (college or high school): 

Status: [ ]  Day Student [ ]  CGCE Undergrad Student [ ]  Graduate Student

Are you involved in or use services from any of the following? Check all that apply.

[ ]  TRIO

[ ]  Urban Education

[ ]  Veteran Services: [ ]  on campus [ ]  VA

[ ]  Student Athlete - Athletic Team(s): 

[ ]  State Vocational Rehabilitation - Agency: 

Counselor name: 

Phone:  Email: 

[ ]  Other:

Do you work?

[ ]  No [ ]  Yes How many hours per week? 

What is your disability? Check all that apply.

 [ ]  Learning Disability

[ ]  Deaf/Hard of Hearing

[ ]  Blind/Low Vision

[ ]  ADD/ADHD

[ ]  Autism Spectrum

[ ]  Mobility Related

[ ]  Mental Health related

 [ ]  Brain Injury:

 Date of last injury: 

 [ ]  Chronic Illness:

 [ ]  Chronic Pain:

 [ ] Other:

How do you think your disability will affect you at Westfield State?

What accommodations and services have you used in the past?

[ ]  Exam Accommodations

[ ]  50% (time and a half) extended time

[ ]  100% (double time) extended time

[ ]  Reduced distraction environment

[ ]  Reader

[ ]  Scribe

[ ]  Flexible Attendance (describe):

[ ]  Sign Language Interpreter

[ ]  CART

[ ]  FM System

[ ]  Voice Recorder

[ ]  Note taker

[ ]  Alternative Format Textbooks (describe):

 [ ]  Other:

Do you need assistance during an emergency evacuation?

[ ]  No

[ ]  Yes (describe):

Signature:  Date: 

\*\*If submitting this form electronically, it must come from your Westfield State email address.\*\*

Please note: **This form is for beginning the registration process only**. Students who want to request reasonable accommodations must meet with the Disability Services staff, 413-572-5789, ds@westfield.ma.edu **AND** submit a Reasonable Accommodations Request Form.