[](http://www.westfield.ma.edu/)Banacos Academic Center

Disability Services

413-572-5789

[ds@westfield.ma.edu](mailto: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](mailto:ds@westfield.ma.edu) **AND** submit a Reasonable Accommodations Request Form.