



## Student Questionnaire

SRJC Student ID #	Today's Date	
Student's Last Name	First Name	M. I.

### Medical History

Disability/Condition	Onset Age	Limitations (How it affects you) Please respond in reference to the classroom setting.

Name of Medication	Dosage	Side Effects

Physician	Telephone (please include area code)
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Street Address

City	State	Zip
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Psychiatrist/Psychologist	Telephone (please include area code)
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Street Address

City	State	Zip
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Other Currently Seen Professional	Telephone (please include area code)
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Street Address

City	State	Zip
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### Education History/Goal

Yes  No Did you obtain a high school diploma, certificate of completion or GED?

Yes  No Have you attended college? If yes, where and when:

Goal:  Associate Degree  Bachelor Degree  Job Skills  Certificate  Other:

### Veteran Information

Yes  No Are you a veteran? Dates of service:

Yes  No Was your disability acquired through your military service?

### Health Information

Yes  No Have you ever had a seizure? If yes, what type: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Yes  No Do you use a wheelchair?

Yes  No Are you able to find your way around campus?

Yes  No Do you require a personal attendant? If yes, for which of the following:  
 Eating  Restroom  Transfer  Dressing

### SRJC doesn't provide personal attendants.

Yes  No Are you able to provide your own personal attendant?

### Brain Injury

Have you ever had a brain injury? **If yes**, please complete the following section:

Date of Injury: \_\_\_\_\_ What type of brain injury did you have (check box below)?

Stroke  Head Trauma  Tumor  Other:

Yes  No Were you hospitalized? If yes, for how long?

Yes  No Are you currently receiving therapy? Check all that apply:  
 Physical  Occupational  Speech  Psychological

Yes  No Do you have difficulty seeing?

Yes  No Do you ever feel dizzy?

Yes  No Do you have difficulty hearing?

Yes  No Do you have difficulty finding your way around?

#### Santa Rosa Campus

1501 Mendocino Avenue Santa Rosa, CA 95401  
Bertolini Student Center, 3<sup>rd</sup> Floor  
Tel: (707) 527-4278

E-mail: [disabilityinfo@santarosa.edu](mailto:disabilityinfo@santarosa.edu)

#### Petaluma Campus

680 Sonoma Mountain Pkwy Petaluma, CA 94954  
Jacobs Hall, Room 101  
Tel: (707) 778-2491

Email: [disabilityinfo@santarosa.edu](mailto:disabilityinfo@santarosa.edu)

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