



Student Questionnaire						
SRJC Student ID #	Today's Date					
Student's Last Name	First Name				M. I.	
Medical History						
Disability/Condition	Onset Age	Ρ	Limitations (How it affects you) Please respond in reference to the classroom setting.			
Name of Medication	Dosage		Side Effects			
Physician			Telephone (	please inclu	ude area code)	
Street Address						
City				State	Zip	
Psychiatrist/Psychologist			Telephone (please include area code)			
Street Address			I			
City				State	Zip	
Other Currently Seen Professional			Telephone (please include area code)			
Street Address						
City			State		Zip	

Education History/Goal						
☐ Yes ☐ No	Did you obtain a high school diploma, certificate of completion or GED?					
☐ Yes ☐ No	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, wh	hat type: Date of last seizure:				
☐ Yes ☐ No	Do you use a wheelchair?					
☐ Yes ☐ No	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 Ir	njury				
Have you ever	had a brain injury? If yes, please comp	olete the following section:				
Date of Injury:	What type of bra	ain injury did you have (check box below)?				
Stroke Head Trauma Tumor Other:						
☐ Yes ☐ No	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	No Do you have difficulty hearing?					
☐ Yes ☐ No	Do you have difficulty finding your way a	around?				
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