SANTA ROSA JUNIOR COLLEGE

DISABILITY RESOURCES DEPARTMENT
ACCESS. ADVOCACY. ACHIEVEMENT.
Empowering every student, every step of the way

# 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. |
|---|---|---|
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| Name of Medication | Dosage | Side Effects |
|---|---|---|
| | | |
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| | | |
| | | |

| Physician | Telephone (please include area code) | |
|---|---|---|
| Street Address | | |
| City | State | Zip |

| Psychiatrist/Psychologist | Telephone (please include area code) | |
|---|---|---|
| Street Address | | |
| 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 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?


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