

## Get Ready For Your First Meeting with the College/University Disability Support Services Office

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of High School \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Resource Teacher's Name \_\_\_\_\_ Resource Teacher's Phone \_\_\_\_\_

Current disability diagnosis (if learning disability, please indicate areas of concern, i.e. math, reading, memory, etc.)

Date of diagnosis \_\_\_\_\_

Give a brief description of your education background (i.e. length of time in special education classes, resource, or class-within-a-class)

### Current Level of Functioning

**Reading**                      Grade Level    Test Used                                      Date  
    \_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_

**Math**                              Grade Level    Test Used                                      Date  
    \_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_

**Written Communication**                      Grade Level    Test Used                                      Date  
    \_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_

Special Education Services Received in High School	Junior Year	Senior Year
Resource Help (minutes per week)		
Class-Within-A-Class (list classes)		
Special Education Classes (list classes)		
Speech/Language		
Other		