

**PACIFIC UNIVERSITY**  
**Learning Support Services Student Initial Interview**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ SSN: \_\_\_\_\_ School/Local Ph: \_\_\_\_\_ UC Box: \_\_\_\_\_

Email: \_\_\_\_\_ Residence Hall \_\_\_\_\_ Rm \_\_\_\_\_

Date started at Pacific: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Transfer student?  No  Yes From: \_\_\_\_\_

College:  Arts & Sciences  MAT  OPT  OT  PA  PT  SPP  PHARM  DH

Major/Minor(s): \_\_\_\_\_ Advisor: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Disability:  Learning Disability  AD/HD  Psychiatric Disorder

Chronic Illness  Mobility  Visual  Hearing

Other: \_\_\_\_\_

When were you diagnosed? \_\_\_\_\_ By whom? \_\_\_\_\_

Are you a client of the Dept. of Vocational Rehabilitation or the Commission for the Blind?  No  Yes

If yes, counselor's name: \_\_\_\_\_

In your own words, explain how this disability will affect your participation at Pacific: \_\_\_\_\_

\_\_\_\_\_

What accommodations/services, if any, have you used at other schools or work? \_\_\_\_\_

\_\_\_\_\_

If you use taped books, are you a member of:

Recording for the Blind & Dyslexic?  Yes  No  Unsure

National Library Service's Talking Book Program  Yes  No  Unsure

Referred by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE:**

N. of D. Rec'd?  Yes

Doc. Rec'd  Yes  Some, but insufficient  None  Release/form sent

Confidentiality form  Policy/Handbook