



## Gulf Coast State College – Disability Information Sheet

In order to provide services to students with disabilities, the Office of Disability Support Services at Gulf Coast State College is asking for **voluntary** self-identification of students with specific disabilities. The confidential information will be used for aiding you, the student, in achieving your fullest potential while at Gulf Coast State College. Please return the completed form to the Office of Disability Support Services.

**NAME:** \_\_\_\_\_ **STUDENT ID NUMBER:** \_\_\_\_\_  
Last First Middle

**ADDRESS:** \_\_\_\_\_  
Number & Street or P.O. Box City State Zip

**HOME PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ **WORK PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**CELL PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

**I plan to enroll** (check one):

\_\_\_\_ Fall Semester    \_\_\_\_ Spring Semester    \_\_\_\_ Summer Semester    Year: \_\_\_\_\_

\_\_\_\_ I am currently enrolled. Semester and year of first enrollment at Gulf Coast: \_\_\_\_\_

### Disabling Condition(s): (Check all that apply)

\_\_\_\_ Specific Learning Disability  
\_\_\_\_ Dyscalculia    \_\_\_\_ Dysgraphia  
\_\_\_\_ Dyslexia    \_\_\_\_ Dysphasia

\_\_\_\_ Visual Impairment  
\_\_\_\_ Blindness    \_\_\_\_ Nystagmus  
\_\_\_\_ Retinal Detachment    \_\_\_\_ Strabismus  
\_\_\_\_ Retinitis Pigmentosa    \_\_\_\_ Cataracts  
\_\_\_\_ Glaucoma  
\_\_\_\_ Other

\_\_\_\_ Hearing Impairment  
\_\_\_\_ Acoustic Trauma Hearing Loss or Deafness  
\_\_\_\_ Conductive Hearing Impairment or Deafness  
\_\_\_\_ High or Low Tone Hearing Loss or Deafness  
\_\_\_\_ Sensorineural Hearing Impairment or Deafness  
\_\_\_\_ Other

\_\_\_\_ Speech Impairment  
\_\_\_\_ Aphasia  
\_\_\_\_ Cleft Lip and/or Palate  
\_\_\_\_ Laryngectomy  
\_\_\_\_ Stuttering and/or Stammering  
\_\_\_\_ Other:

\_\_\_\_ Attention Deficit Disorder (ADD/ADHD)

\_\_\_\_ Mental/Psychological Impairment  
\_\_\_\_ Obsessive Compulsive Disorder  
\_\_\_\_ Anxiety/Panic Disorder  
\_\_\_\_ Autism  
\_\_\_\_ Bi-Polar  
\_\_\_\_ Depression  
\_\_\_\_ Eating Disorders  
\_\_\_\_ Emotional Disorders  
\_\_\_\_ Memory Disorder  
\_\_\_\_ Mood Disorder  
\_\_\_\_ Personality Disorder  
\_\_\_\_ Post-traumatic Stress Disorder  
\_\_\_\_ Schizophrenia  
\_\_\_\_ Other

\_\_\_\_ Physical Impairment  
\_\_\_\_ Arthritis    \_\_\_\_ Blood Diseases  
\_\_\_\_ Cancer    \_\_\_\_ Cerebral Palsy  
\_\_\_\_ Diabetes    \_\_\_\_ Epilepsy  
\_\_\_\_ Head Injury    \_\_\_\_ Heart Disease  
\_\_\_\_ Kidney Dysfunction    \_\_\_\_ Lupus  
\_\_\_\_ Multiple Sclerosis    \_\_\_\_ Spinal Cord  
\_\_\_\_ Paralysis    \_\_\_\_ Injury  
\_\_\_\_ Muscular Dystrophy    \_\_\_\_ Stroke  
\_\_\_\_ Pulmonary    \_\_\_\_ Other  
\_\_\_\_ Respiratory Disorders  
\_\_\_\_ Spina Bifida  
\_\_\_\_ Orthopedic Impairments  
\_\_\_\_ Nerve Damage to the Hand or Arm  
\_\_\_\_ Absence or Amputation of an Extremity

Office Use Only

ROI Sent: \_\_\_\_\_ DISAB Entered: \_\_\_\_\_ Documentation Entered: \_\_\_\_\_

