



Preliminary Survey for Students with Disabilities

North Park University is committed to full compliance with all laws regarding equal opportunities for students with disabilities. The Office of Student Engagement provides services and accommodations, as well as academic support, to students with disabilities. It is our goal to provide every opportunity for students with disabilities to succeed in our community.

Please review the steps listed below which detail the process for setting up academic accommodations and then fill out the attached survey as completely as possible. In order to ensure the implementation of academic accommodations, we must receive your survey no later than two weeks prior to the start of the upcoming academic term. The information in this survey will help us to efficiently and effectively determine the services we may be able to provide for you as a student at North Park. Once we receive your completed survey, you will be contacted by the Disability Access Specialist via phone or email.

Steps for Implementing Accommodations and Academic Support:

- ☐ Review the steps for implementing accommodations and/or academic support services. Keep this information page for your future reference.
- ☐ Fill out the "Preliminary Survey for Students with Disabilities" beginning on the following page.
- ☐ When possible, obtain a copy of current documentation for your disability. Submit the copy of your documentation with your completed survey to the Office of Student Engagement (contact information below). Types of helpful documentation supportive of such requests include medical documentation, psycho-educational testing, and school records.
- ☐ Please make it a priority to set up a meeting in person or via phone with the Disability Access Specialist before the start of classes to discuss any specific questions or concerns related to your accommodations needed.
- ☐ At the beginning of the upcoming academic term (and each successive term thereafter), you will be contacted via email. You must respond to this message in order to receive letters detailing the accommodations you request in your classes, which you can distribute to your professors. These letters will be sent to you via email from the Disability Access Specialist.
- ☐ The Office of Student Engagement will serve as a liaison to assist you with any academic concerns that may arise in your courses.

North Park University
Center for Student Engagement
Attn: Disability Access Specialist
3225 W. Foster Ave., Box 24
Chicago, IL 60625
Email: ada@northpark.edu
Phone: (773) 244-5737 Fax: (773) 634-4060



Preliminary Survey for Students with Disabilities

Student Background Information

Last Name: _____ First Name: _____

Date of Birth: _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Anticipated Enrollment

I will be entering North Park University as a: *(check one)*

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Freshman | <input type="checkbox"/> SPS Program Student |
| <input type="checkbox"/> Sophomore | <input type="checkbox"/> Graduate Student |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Seminary Student |
| <input type="checkbox"/> Senior | |

Desired entrance date: *(check one)*

I plan to: *(check one)*

- | | |
|---|--|
| <input type="checkbox"/> Fall Semester, 20_____ | <input type="checkbox"/> Live in on-campus housing |
| <input type="checkbox"/> Spring Semester, 20_____ | <input type="checkbox"/> Commute |
| <input type="checkbox"/> Summer Session, 20_____ | |

Nature of Disability

Which of the following best describes the nature of your disability? *(Check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> Language Disorder (receptive or expressive) | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Reading Disorder (e.g., dyslexia) | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Writing Disorder | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Mathematics Disorder | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Nonverbal Learning Disorder | <input type="checkbox"/> Chronic Illness |
| <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder | |
| <input type="checkbox"/> Autism Spectrum Disorder/Pervasive Developmental Disorder | |
| <input type="checkbox"/> Psychological/Psychiatric Disorder (please specify): _____ | |
| <input type="checkbox"/> Other (please specify): _____ | |

Do you have current official documentation of your disability? ☐ Yes ☐ No

Please send a copy of your disability with your completed survey.

Please describe the functional impairment your disability has upon your everyday life and academics. (*You may use a separate page if necessary.*)

Medical History

Have you experienced any significant injuries and/or medical complications and/or illnesses which have brought about or contributed to your present difficulties? ☐ Yes ☐ No

If yes, please explain, including the approximate date and a brief explanation of the occurrence.

Educational History

Did you receive any type of special education services in high school? ☐ Yes ☐ No

If yes, please describe the support services you received.

Have you attended any other schools since your graduation from high school? ☐ Yes ☐ No

If yes, please list the names, locations, and dates of attendance for those schools.

Example: University of Illinois, Chicago, IL, 8/18 – 5/19

Did you receive any type of special education services while attending these schools? ☐ Yes ☐ No

If yes, please describe the support services you received.

Additional Information

Please list any further information that may be useful to the Disability Access Specialist as we seek to determine the most effective implementation of accommodations and services for you.

Thank you for taking the time to complete this survey. We will make every effort to implement effective accommodations for you during your time at North Park University. You will be contacted by a member of Student Engagement to further discuss the enclosed information.

Please send your completed survey and a copy of your official disability documentation to:

North Park University
Center for Student Engagement
Attn: Disability Access Specialist
3225 W. Foster Ave., Box 24
Chicago, IL 60625
Email: ada@northpark.edu
Phone: (773) 244-5737 Fax: (773) 634-4060