

DSS Scheduling for Winter Session 2013

Date: _____

Received in Office: _____ (date stamp)

Please complete the following so that we can make our services to you as helpful and efficient as possible.

Name: _____ Banner ID: @ _____

Permanent/Home Address: _____

Permanent Phone: _____ Cell Phone/Work Phone: _____

IUP Email Address: _____

Please note that correspondence for recorded books and note taking will be done **ONLY** through IUP email.

If known, Campus/Local Address for the upcoming semester: _____

For the upcoming WINTER session, please indicate which of the following services you would like:

1. Dear Professor Letters sent? Yes ___ No ___

These will be sent to All Classes, unless you indicate below the specific classes for which you want letters sent:

NOTE: The nature of your disability is NOT disclosed on the memo; only the accommodations are listed. Check (yes) below if we have permission to disclose your disability to instructors. Yes ___ No ___ Be assured that a "NO" answer will in no way affect your letters or service.

2. Does your accommodation plan state that you should receive note takers? Yes ___ No ___ Uncertain ___

If so, do you need to have note takers assigned for this semester? Yes ___ No ___

If you change your schedule, it is your responsibility to notify the note taking coordinator immediately so that s/he may notify volunteers already in place and request new volunteers.

If you have specific person whom you wish to be a note taker for a class, you must contact advising-testing@iup.edu with the name.

All Classes _____
Or, specify in **which classes** you desire note takers:

Please turn over

Office use ONLY

____ Schedule Printed _____ Entered onto Tracking Sheet _____ Reviewed by Note taker GA _____ Rev By Recorded Book GA
____ Dear Professor Letters sent _____ Entered into A&T semester green sheet database _____ Noted on Contact Sheet

If you wish recorded books, you must also submit an Alternate Text Request form. It is important to schedule an appointment with your Advising and Testing Center/DSS adviser as soon as possible to have your books recorded.

The DSS adviser will refer you to the recorded book coordinator to do this.

3. Do you need recorded books (or alternate text) this semester? **PLEASE DO NOT CROSS THIS OFF, just indicate Yes or No** (If uncertain, please select "YES." Remember, you can change this later if needed, by emailing M.R.Mascari@iup.edu.)

Yes ___ No ___

4. Do you need to have classes moved? (physical concerns/inaccessible building) Yes ___ No ___

Please specify which classes:

OVR FUNDING

1. Do you have OVR Funding? Yes ___ No ___ Uncertain ___

If you are a freshman or sophomore and would like information concerning funding from the Office of Vocational Rehabilitation, talk to your Advising and Testing Center/DSS adviser.

Who is your OVR Counselor? _____

Regional Office: _____

2. Do you have any other disability-related funding sources? Yes ___ No ___ Uncertain ___

If yes, please specify: _____

SIGNATURE REQUIRED:

Signature

Date