

# DSS Scheduling for Spring 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 Spring semester, 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](mailto: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:

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**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: \_\_\_\_\_

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**SIGNATURE REQUIRED:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date