

Adaptive Education Services  
Indiana University Purdue University Indianapolis  
Joseph T. Taylor Hall  
815 W. Michigan St., Room UC137  
Indianapolis, Indiana 46202

Tel: (317) 274-3241  
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### ADAPTIVE EDUCATIONAL SERVICES APPLICATION

#### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Student ID: \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please check if you are receiving assistance from any of the following: ( ) Indiana Vocational Rehabilitation Services ( ) Veterans Administration ( ) Other Agencies \_\_\_\_\_

ACADEMIC INFORMATION: Major: \_\_\_\_\_ Minor: \_\_\_\_\_ School: \_\_\_\_\_

I plan to be enrolled: ( ) Full Time ( ) Part-time ( ) Only take on-line courses

Please list any other colleges attended and support services you received:

\_\_\_\_\_  
\_\_\_\_\_

#### DISABILITY INFORMATION:

What is the nature of your disability? \_\_\_\_\_

If hard of hearing, do you use ( ) Sign language ( ) Interpreters ( ) Lip reading ( ) Hearing Aids? Which is your preferred mode of communication? \_\_\_\_\_

If visually impaired, do you use Recordings for the Blind ( ) Visual Tek ( ) Magnifying Glasses ( ) or Braille ( )?

Do you use any type of assistive technology? \_\_\_\_\_

\_\_\_\_\_

In case of an emergency, who should we contact to authorize medical care? What medications are you currently on? \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

AES Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

