

Individual Accommodations Model (IAM)

Student Questionnaire

Background Information

Name: _____ Age: _____

College: _____

Gender Please mark.

Female Male

Ethnicity Please mark all that apply.

Hispanic or Latino Not Hispanic or Latino

Race Please mark all that apply.

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

College Career and Future Plans

Please circle the number of years you have been enrolled in college.

<1 1 2 3 4 5 Other _____

How many units/credits are you enrolled in this semester? _____

How many total college semester units/credits have you earned? _____

What is your goal for attending this college? Please circle.

AA/AS Degree Vocational Certificate Other _____

Do you currently receive financial aid? Yes No

Please indicate your anticipated future plans after leaving college.

<u>Education</u>	<u>Work</u>	<u>Other</u>
<input type="checkbox"/> Other 2-year college	<input type="checkbox"/> Professional	Please specify: _____
<input type="checkbox"/> 4 year college/university	<input type="checkbox"/> Technical	_____
<input type="checkbox"/> Independent/specialized training	<input type="checkbox"/> Clerical	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Armed forces	_____
<input type="checkbox"/> Don't know	<input type="checkbox"/> Other _____	_____
	<input type="checkbox"/> Don't know	

Are you a parent? **Yes** **No**

If yes, how many children do you have? _____

Are you financially independent? **Yes** **No**

Are you a client of Vocational Rehabilitation Services? **Yes** **No**

Do you receive supplemental security income (SSI)? **Yes** **No**

Do you receive social security disability income (SSDI)? **Yes** **No**

Have you ever lost your SSI or SSDI benefits? **Yes** **No**

Employment

Do you currently have a job? **Yes** **No**

If yes, how many hours do you usually work per week during school? _____

What is your job title? _____

What are your job duties? _____

Is your job considered full-time or part-time? **Full-time** **Part-time**

Is your salary below, at or above the minimum wage of \$5.15/hr? **Below** **At** **Above**

What are your job benefits? Please mark all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Promotion | <input type="checkbox"/> Sick leave |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Life insurance | <input type="checkbox"/> Dental insurance |
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Profit sharing | <input type="checkbox"/> Free meals |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Job training | <input type="checkbox"/> Other: _____ |

Family Background

With whom do you live now? Please mark all that apply.

- | | | | |
|-----------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Step mother | <input type="checkbox"/> Step father |
| <input type="checkbox"/> Alone | <input type="checkbox"/> Spouse | <input type="checkbox"/> Friend/roommate | <input type="checkbox"/> Significant other |
| <input type="checkbox"/> Children | <input type="checkbox"/> Other family | <input type="checkbox"/> Foster parents | <input type="checkbox"/> Other _____ |

Do you live in a house, apartment or do you have some other living arrangement? Please circle.

House Apartment Dormitory Boarding or rooming house
Other _____

Besides classes, colleges have a number of other activities. In what activities do you or did you **regularly** participate? Please mark all that apply.

___ None ___ Student government ___ Drama
___ Varsity sports ___ Intramural sports ___ Music
___ Dean's list ___ Yearbook/newspaper ___ Vocational clubs
___ Academic clubs ___ Others _____

Do you belong to any clubs or organizations that are **separate** from school? **Yes** **No**

If yes, in which one are you the most active? _____

Disability Please mark the verified disability/disabilities that apply to you.

___ Visual impairment or blindness ___ Mental retardation
___ Deafness/hard of hearing ___ Emotional/behavioral disorders
___ Orthopedic/mobility disabilities ___ Head injuries
___ Speech/language disorders ___ Chronic illnesses
___ Learning disabilities ___ Other (specify)

Have you had a required course(s) waived because of your disability? **Yes** **No**

If yes, which course(s)? _____

Have you had a course(s) substituted because of your disability? **Yes** **No**

If yes, which course(s)? _____

Have you had a class assignment(s) waived because of your disability? **Yes** **No**

If yes, which assignment(s)? _____

Have you had a substitute class assignment(s) because of your disability? **Yes** **No**

If yes, which assignment(s)? _____

Please mark each area of difficulty that you experience at college.

- | | |
|---|--|
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Asking Questions | <input type="checkbox"/> Remembering |
| <input type="checkbox"/> Completing Assignments | <input type="checkbox"/> Organization/Time management |
| <input type="checkbox"/> Distraction | <input type="checkbox"/> Seeing things around the room |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Sitting still or in one place for very long |
| <input type="checkbox"/> Getting along with others | <input type="checkbox"/> Speaking to a crowd |
| <input type="checkbox"/> Getting frustrated | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Getting into or around in the classroom | <input type="checkbox"/> Staying on track |
| <input type="checkbox"/> Expressing myself | <input type="checkbox"/> Study habits |
| <input type="checkbox"/> Getting used to changes in the classroom | <input type="checkbox"/> Talking with the teacher and others |
| <input type="checkbox"/> Hearing the teacher | <input type="checkbox"/> Test anxiety |
| <input type="checkbox"/> Letter/number reversals | <input type="checkbox"/> Learning & remembering new vocabulary |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Working independently |
| <input type="checkbox"/> Memory retrieval | <input type="checkbox"/> Writing papers |
| <input type="checkbox"/> Paying attention | <input type="checkbox"/> Other _____ |

Please list one accommodation that you have used in your current school setting.

(Answer the questions on the following pages in terms of this accommodation.)

Briefly explain how you obtained the accommodation you currently use. (e.g. The DSS told me about the screen magnifier and it is provided to me by the college on the computer I use in the computer lab.) _____

Accommodations, Part One

Please circle your agreement with the following statements.

1. I was satisfied with the process used in selecting an accommodation for me.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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2. I helped to choose the accommodation.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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3. DSS and my instructors were aware of my accommodation needs.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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4. I was given choices for the accommodation I needed.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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5. Someone else chose the accommodation for me.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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6. I am satisfied with the accommodation provided for me.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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7. The accommodation is easy to use.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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8. The accommodation fits my personal needs.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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9. The accommodation is socially and emotionally easy to use.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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10. I am satisfied with the training I received on my accommodation (if applicable).

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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11. I am satisfied with the effectiveness of my accommodation.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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12. Using the accommodation has helped me to be more successful in the classroom.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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13. Using the accommodation has made me more independent.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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14. I am satisfied with the manner in which instructors/staff discuss my disability with me.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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15. I am satisfied that my disability related information is kept confidential.

Not applicable	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
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Accommodations, Part Two

When choosing/selecting an accommodation, how important to you are the following factors? Please circle the degree of importance.

Factors	Unimportant			Very Important	
Amount of training required	unimportant	of little importance	moderately important	important	very important
Appropriateness for different tasks	unimportant	of little importance	moderately important	important	very important
Availability of accommodation	unimportant	of little importance	moderately important	important	very important
Cost of accommodation to you	unimportant	of little importance	moderately important	important	very important
Cost of accommodation to your school	unimportant	of little importance	moderately important	important	very important
Ease of use	unimportant	of little importance	moderately important	important	very important
Effectiveness of accommodation	unimportant	of little importance	moderately important	important	very important
Increased independence	unimportant	of little importance	moderately important	important	very important
Currently or previously used by another student	unimportant	of little importance	moderately important	important	very important
Your own previous use of the accommodation	unimportant	of little importance	moderately important	important	very important
Social acceptance	unimportant	of little importance	moderately important	important	very important
Your disability	unimportant	of little importance	moderately important	important	very important
Use across various environments or portability	unimportant	of little importance	moderately important	important	very important

Accommodations, Part Three

What other accommodation(s) (other than the one previously mentioned) do you currently use or have you used in the past and were they effective for you? Please list the accommodation(s) and circle whether or not it was effective.

Accommodation	Effective for you?	
1. _	yes	no
2. _	yes	no
3. _	yes	no
4. _	yes	no
5. _	yes	no
6. _	yes	no

Thank you very much for your time!!