**UCSB Student Interactive Process Narrative Form**

**Name:**

**Perm Number:**

**Check one: Undergraduate \_\_\_\_ / Graduate Student \_\_\_\_**

**Check one: First year \_\_\_ / Sophomore \_\_\_ / Junior \_\_\_ / Senior \_\_\_**

**Check one (if applicable): FSSP \_\_\_ / Fall First year \_\_\_\_ / Junior Transfer \_\_\_\_**

***Instructions: Upon completion of this form, please save your response as a PDF, DOC or TXT file and upload to the DSP portal under your Documents tab which will notify your assigned Disability Specialist. Please contact your Disability Specialist if you have questions on this process.***

Please list your disability diagnoses for which you are registering with DSP.

Please describe how your disabilities impact or create barriers to your student experience.

If you are prescribed medications/treatments with relevant side effects, please describe.

Please describe the specific accommodations or services that you are requesting.

Do you have a history of using disability accommodations at a prior educational institution, workplace, or in a standardized testing environment? If so, please describe.

Is there any additional information that you would like to share with DSP as part of this application? If so, please include it here: