DSP Interactive Process Narrative Form

Name:	Perm #:
Undergraduate: ___ Graduate: ___	Year:
Currently enrolled:	Start Date: Fall/Summer/FSSP/Transfer Edge/Currently Enrolled

Please list your disability diagnoses for which you are registering with DSP. When did you receive your diagnosis?

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

If you are prescribed medications/treatments and experience side effects, please describe them.

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 the previous accommodations. If you can do so, please upload any accommodation letters to your DSP file.

Do you have a history of using adaptive technology at a prior educational institution, workplace, or standardized testing environment? If so, please describe the previous technology utilized.

Is there any additional information you would like to share with DSP as part of this application?

Accommodations being Requested [(List of Services)](#)

- **Permanently disabled** DSP students receive Priority Registration for their first pass beginning the quarter after they are approved for services. Temporarily disabled students are not eligible for this accommodation.

- For **Peer Note Taking requests**, please provide a statement explaining how the Smart Pen or Genio is **not** accessible for you. On average, students using the Smart Pen and Glean earn higher cumulative GPAs than those who rely on Peer Notes. DSP provides ongoing Glean and Smart Pen equipment at no cost to the student.

Accommodation/Service	What disability-related impacts would this accommodation support?

Please save the completed form as a PDF file and upload it to the DSP portal.