

UC **SANTA BARBARA**
Disabled Students Program

DSP Interactive Process Narrative Form

Student's Name:

Student's Perm Number:

Undergraduate Graduate

Year:

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)

Accommodation #1

What disability-related Impacts would this Support?

Accommodation #2

What disability-related Impacts would this Support?

Accommodation #3

What disability-related Impacts would this Support?

Accommodation #4

What disability-related Impacts would this Support?

Accommodation #5

What disability-related Impacts would this Support?

Accommodation #6

What disability-related Impacts would this Support?

Accommodation #7

What disability-related Impacts would this Support?

Accommodation #8

What disability-related Impacts would this Support?

Accommodation #9

What disability-related Impacts would this Support?

Accommodation #10

What disability-related Impacts would this Support?