

**Duke University
Academic Resource Center
REQUEST FOR ARC SERVICES**

GENERAL INFORMATION

Date: _____

Name: _____

Student I.D.: _____

Date of Birth: _____

Permanent Address: _____

E-mail Address(es): (please include all addresses that you use including your Duke address)

You attend/will attend: ___ Trinity College ___ Pratt School of Engineering

College Status:

1st Year (or New) Student _____

2nd Year Student _____

3rd Year Student _____

4th Year Student _____

CLINICAL INFORMATION:

Clinical Diagnosis (please check all that apply):

Learning Disability _____

Attention Deficit Hyperactivity Disorder _____

Other _____ (Please Explain)

What is the date of your last clinical evaluation? _____

Have you applied or do you intend to apply for consideration for A.D.A. accommodations through the DMS-Student Disability Access Office (SDAO)? (for more information go to:

<http://www.access.duke.edu/studentissues.asp>)

___ yes

___ no

ACCOMMODATION HISTORY:

Please list the accommodations you received in high school:

ARC SERVICES YOU WOULD LIKE TO EXPLORE:

- Evaluation for eligibility for academic interventions
- Assistance to develop an individualized academic support plan
- Specialized academic advising
- Foreign language learning assessment
- Specialized writing assistance
- ADHD Coaching
- Academic Skills Assessment
- Learning/Thinking Styles Assessment
- Peer Tutoring Services

RELEASE OF INFORMATION:

The Academic Resource Center treats as confidential, any written material obtained to evaluate students' eligibility for academic interventions, to plan for appropriate services, or to document services and contacts with this office. We retain student records in compliance with both state and federal law, in particular with the Family Education Rights and Privacy Act (FERPA).

In order that I may be evaluated and served by the professional staff of the Academic Resource Center, I hereby give permission for members of the staff of the Academic Resource Center to exchange information regarding my documentation, on a need to know basis, with my provider (psychologist or other qualified professional), and to discuss my impairment with my parents, Duke University faculty and staff.

Student Signature: _____

Date: _____

Return this form to:

John H. Blackshear, Ph.D.
211 Academic Advising Center Bldg.
Box 90694
Duke University
Durham, NC 27708