SOUTHERN ADVENTIST UNIVERSITY

Disability Support Services

**Autobiography**

PLEASE email your autobiography to dss@southern.edu and bring a hard copy to the DSS Office when you come in for your appointment

**Please answer each question with as much detail as possible.**

**Who – tell us about YOU**

* Tell us about your family?
* How many are in your family?
* What does your family do?
* Does anyone in your family have a learning disability?

**What**

* What are the issues or concerns you are currently having?
* What is bothering you the most and why?

**Where**

* Where do you experience these issues or concerns the most?
	+ in the dorm;
	+ in the class room;
	+ in the library, etc.?

**When**

* When did you first start noticing these concerns?
* When do you experience these issues or concerns the most?
	+ when you first wake up;
	+ when you need to get some rest;
	+ after you have eaten etc.?

**Why**

* Why do you think you experience these issues or concerns?
* Why do your friends or family believe you are experiencing these issues or concerns?

**How?**

* How is this affecting you?
* How do your concerns show up in your life?

If you had to provide a picture of what is going on, what would it look like?