

Disability Student Intake Form

Name: _____ Date: _____
Phone: _____ Birthdate: _____ Dual Credit: YES or NO (Circle One)
Student ID: _____

1. When was your disability first identified or diagnosed? _____
2. Have you received disability accommodations for this disability in the past? YES or NO (*circle one*)

If yes, where did you receive these accommodations? (*check all that apply*)

- _____ Elementary school
- _____ Middle school
- _____ High school
- _____ Community College
- _____ Another University/ 4-Year College

3. Please list any medication(s) you currently are taking that **may affect your performance as a student** and the side effects of those medication(s):

All information will be kept CONFIDENTIAL by the Disability Services Counselor

Student Signature

Date

Disability Services Counselor

Date

FOR OFFICE USE ONLY

DISABILITY INFORMATION

CODE	IDD	CODE	IDDP (Transitional Courses)
0	Not Identified as having IDD	0	Never Participated in IDDP at this institution
1	Has IDD and/or Autism	1	In IDDP with an IDD
2	Has Autism Spec. Dis with NO IDD	2	Participation Unknown at this institution

For what diagnosed disability are you seeking disability accommodations? *(Check all that apply)*

DIAG	DOC		DATE REC'D
___	___	Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity Disorder (ADHD)	_____
___	___	Blind/ Visual Impairment	_____
		___ ___ Deaf/ Hard of Hearing	_____
		___ ___ Health Impairment	_____
		___ ___ Learning Disability (LD)	_____
___	___	Mental Health/ Psychological/ Psychiatric Impairment	_____
___	___	Mobility/ Physical Impairment	_____
___	___	Speech Impairment	_____
___	___	Other Impairment (please specify) _____	_____

Temporary Accommodation? ___ Yes ___ No

Accommodations may include:

- ❖ *Student will likely not need all of these accommodations.*
- ❖ *Specific accommodation are based on the diagnostic information on file in the Office of Disabilities Services.*
- ❖ *Individualized based on student's specific needs*
- ❖ *Case-by-case and course-by-course*
- ❖ *Maintain academic rigor cannot make adjustments that would fundamentally alter the nature of a service, program, or activity*

Accommodations:

- Assistive Technology (use of computers and calculators)
- Audio text available
- Copy of instructor's notes/Power Point as needed
- Extended time for online and in class testing (1.5)
- Immediate and specific feedback on assignment as needed
- Note taker
- Preferential Classroom Seating
- Referral to Academic Department for Advising/Tutoring/SI as needed
- Testing in the Learning Services as per request minimizing distraction to student