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Disability Services Request for Accommodations Intake Form

When evaluating accommodations, we will consider any information including but not limited to:

- **Your description of your needs**
- **Records of past accommodations and services from high school**
- **Formal psychological or medical evaluations**
- **Letters from past health, education or service providers**

We need information to determine your barriers a school context. Consider how your disability effects your mobility, communication, interaction with others, and learning (reading, writing, and math).

Date: _____ **Name: _____**

Student ID: _____ **Date of Birth: _____** **Age: _____**

Address: _____

Phone #: _____ **Email: _____**

Primary Campus: _____ **Program of Study: _____**

Starting Term: _____

High School: _____ **IEP, 504 Plan: ___ Yes ____ No**

Have you ever been enrolled in college? ___ Yes ___ No If so, where: _____

Accommodations at the college: _____

1. **Do you now, or have you ever been told that you have one of the following disabilities:**

____ Acquired Brain Injury
____ ADHD
____ Autism
____ Blindness or Low-Vision
____ Deaf/Hard of Hearing
____ Eating Disorder
____ Learning Disability
____ Neurological (i.e. cerebral palsy, epilepsy)
____ Personality Disorder
____ Physical Disability
____ Psychological/Psychiatric (i.e. depression)
____ Speech Impairment
____ Other (medical): _____

What accommodations are you requesting?

___ Extra test taking time
___ Testing in a quiet area
___ Copies of lecture notes or PowerPoints
___ Read Aloud
___ Speech to Text
___ Braille or low-vision assistance
___ Interpreter
___ Accessible classrooms
___ Recording of lectures
___ Note-taker
___ Scribe
___ Other: _____

Have you ever or are you now working with any outside agencies (Vocational Rehabilitation, a therapist etc.)?

Do you have outside documentation of your disability?

Are you on any medications?

What academic barriers have you faced in the past?

___ Reading
___ Spelling
___ Math
___ Test taking
___ Study Skills
___ Comprehending Concepts
___ Memory
___ Concentration
___ Completing assignments on time
___ Organization
___ Motivation

What accommodations have been effective for you in the past?

What accommodations have not been effective for you in the past?