



Megan Brehun, M.S.  
Director of Counseling and Special Services  
704-991-0161  
[mbrehun6994@stanly.edu](mailto:mbrehun6994@stanly.edu)

## 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:**

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

**What accommodations are you requesting?**

- |   |  |
|---|--|
| <input type="checkbox"/> Extra test taking time                 | <input type="checkbox"/> Interpreter           |
| <input type="checkbox"/> Testing in a quiet area                | <input type="checkbox"/> Accessible classrooms |
| <input type="checkbox"/> Copies of lecture notes or PowerPoints | <input type="checkbox"/> Recording of lectures |
| <input type="checkbox"/> Read Aloud                             | <input type="checkbox"/> Note-taker            |
| <input type="checkbox"/> Speech to Text                         | <input type="checkbox"/> Scribe                |
| <input type="checkbox"/> Braille or low-vision assistance       | <input type="checkbox"/> 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?**

- |   |   |
|---|---|
| <input type="checkbox"/> Reading                | <input type="checkbox"/> Memory                         |
| <input type="checkbox"/> Spelling               | <input type="checkbox"/> Concentration                  |
| <input type="checkbox"/> Math                   | <input type="checkbox"/> Completing assignments on time |
| <input type="checkbox"/> Test taking            | <input type="checkbox"/> Organization                   |
| <input type="checkbox"/> Study Skills           | <input type="checkbox"/> Motivation                     |
| <input type="checkbox"/> Comprehending Concepts |   |

**If an emergency occurs on campus, will you need special services or support to exit safely? If so, please explain.**