



## Intake Form

Revised: 04/28/10

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Student Name \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Address \_\_\_\_\_ Apt: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_  
Email \_\_\_\_\_

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### MEDICAL BACKGROUND

What is your diagnosed disability? \_\_\_\_\_

Describe your disability and how it affects your performance as a student.

\_\_\_\_\_  
\_\_\_\_\_

List any medications you are taking and their side effects.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any long-term medical problems? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Have you been hospitalized in the last 5 years? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Describe any serious illnesses/injuries you've had in your lifetime that currently affect you.

\_\_\_\_\_  
\_\_\_\_\_

How would you rate your general health?

Excellent

Good

Fair

Poor

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### SUPPORT SERVICES

Have you ever received help from any outside agency for academic, career, or personal counseling? If yes, please name the agency and the nature of the services received.

\_\_\_\_\_  
\_\_\_\_\_

List any colleges or universities that you have attended. Did you receive support from the disability services office? \_\_\_\_\_

(Form continued on back)

## EDUCATIONAL BACKGROUND

Please check a box below to indicate the impact your disability has on the following tasks.

Task	No impact	Minimal Impact	Moderate Impact	Severe Impact	Comments
Attention/Concentration					
Taking notes					
Starting, organizing, and completing tasks					
Interacting with others					
Following directions					
Seeing					
Understanding information that I hear					
Understanding information that I see					
Memorizing information					
Hearing					
Putting thoughts in to writing					
Using my hands					
Speaking clearly					
Sitting for long periods					
Moving around (standing/walking)					
Tolerating stress					
Being motivated					
Finishing tests on time					
Spelling					
Understanding what I read					
Reading at a normal rate					
Doing math calculations					
Doing math word problems					
Managing time					
Studying					
Other (Please list):					
Other (Please list):					

List any accommodations that you have received in the past.

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List any assistive technology that you have used in the past.

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Would you like assistance with learning when and how to disclose your disability? \_\_\_\_\_