Lewis-Clark State College
DISABILITY SERVICES
111 Reid Centennial Hall
(208) 792-2211

**Personal Information**

Today’s Date:

Name:

Student ID Number:

Status (circle all that apply): Nursing, PTE, MSW, Academic, Other

Major:

Advisor’s name:

Housing:

**Disability Documentation**

In addition to completing the following Intake Questionnaire, please submit a copy of your most recent evaluation.

1. **Diagnostic Statement**

   What is your disability?

   Date of original diagnosis/onset of disability:

   Do you have documentation?

   Is your disability permanent or temporary?

   Will you need emergency evacuation assistance?

2. **Current Functional Impact** (work, control, perform)

   Describe all current disability-related functional impact of your disability and how they impact your participation in each of the following areas:

   Classes (lectures, laboratory, physical activity, web based):

   Assignments (reading, writing, calculating, keyboarding, library/research work):

   Related Activities (clinical placements, practicums, internships):
Communication (speaking, listening, using phones, using email):

Evaluation (tests, papers, oral reports, group presentations/projects):

Time Constraints (timed tests, college deadlines, assignment due dates):

Attendance (class, required activities out of class, residential requirements):

Campus (mobility, orientation/navigation, transportation):

Residence Halls (roommates, food issues, climate control):

3. **Prognosis or Stability of Disability Over Time**
   Describe the variability or amount of change and possible flair-ups or episodes, if any that can occur with your disability:

4. **Disability-Related Treatments, Accommodations, Medications, Assistive Devices, and/or Services Previously Used**
   a. Did you receive accommodations and/or services for your disability? (circle all that apply):

      Never, Preschool, Elementary School, Middle School/Jr. High, High School, College or University (give name):

   b. What types of services did you receive? (circle all that apply and complete as required)
      Resource classes, Self-contained classes (class with only student with disabilities in the class), Chapter I/Title I Subject Areas, Tutoring, Other (specify):

      Resource classes: Hours per week: IEPs available:
      Tutoring: Hours per week: Subject Areas:
   
   Qualified for Accommodations, etc but **did not use**:

      Please explain why you did not use the accommodations, etc for which you qualified:

   c. For each of the following, please describe what you have used and its usefulness.
      • Accommodations (for example: Extended Test time, Use of a Note-taker, Use of a Calculator, etc.):
• Modifications (for example: Allowed to Work Fewer Math Problems, or Write Shorter Papers than the rest of the class, and/or Didn’t Have to Answer Essay Questions on Tests, etc.):

  Services (for example: Worked with a Speech or Occupational Therapist, Took “Life Skills” classes etc.):
  Assistive Devices:
  Medications:

5. What services do you believe you will need for success at LCSC?

6. Additional Information You Want to Share About Yourself and/or Your Disability:

I, ____________________________________________, authorize LCSC Disability Services to communicate with my instructors about my disability and needs.

Date: ______________________

Other Agency/Program Involvement: (circle all that apply)

  Student Support Services (TRIO)
  Vocational Rehabilitation: Name of Counselor and Phone Number

  VA Vocational Rehabilitation: Name of Counselor and Phone Number

  Commission for the Blind and Visually Impaired:

  Other (please specify): Name of Counselor and Phone Number

RELEASE OF INFORMATION

In order for Disability Services to assist with academic advising, we will need access to your academic records. All academic records are strictly confidential and will be kept confidential and treated in a professional manner. The following release will authorize the staff of Disability Services to obtain your grades, transcripts from Lewis-Clark State College and other colleges. If you have any questions, please feel free to contact our office.
I, ____________________________, authorize Disability Services to obtain my grade reports, as well as any other academic information needed for my academic advising.

Date: __________________________