

Student Intake Form

Student Name: _____ Today's Date: _____

Personal Information

Full Name: _____

Student ID Number: _____

Major: _____

Advisor's Name: _____

Housing:

- On-campus If on-campus, which dorm? _____
 Off-campus

Status (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Freshman | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Sophomore | <input type="checkbox"/> Master of Social Work (MSW) |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Senior | <input type="checkbox"/> Career Technical Ed (CTE) |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> Non degree seeking | |

Disability Documentation

Please describe your disability:

Date of original diagnosis and/or onset of disability:

- | | | |
|---|------------------------------------|------------------------------------|
| Do you have documentation for this disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your disability permanent or temporary? | <input type="checkbox"/> permanent | <input type="checkbox"/> temporary |
| Will you need emergency evacuation assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a veteran or ever served in the military? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes, which branch? _____

Current Functional Impact

Describe all current disability-related functional (work, control, perform) impact (frustrations, issues, and/or restrictions) of your disability and how they impact your participation in each of the areas below. If you need additional space, please attach a document.

Classes (lectures, laboratory, physical activity, web based)	
Assignments (reading, writing, calculating, keyboarding, library/research work)	
Related Activities (clinical placement, 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)	
Other:	

For each of the following, please describe what you have used and its usefulness:

Accommodations (examples: extended test time, use of a note-taker, use of a scribe, etc.)	
Modifications (example: allowed to work fewer math problems, write shorter papers, etc.)	
Services (example: worked with a speech or occupational therapist, etc.)	
Assistive Devices (example: screen reader, noise canceling headphones, etc.)	
Medications (tests, papers, oral reports, group presentations/projects)	
Other	

Additional questions

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

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

Other Agency/Program Involvement

(please complete information for all services that apply)

Student Support Services (TRIO)

Vocational Rehabilitation:

Name of Counselor _____

Phone Number _____

VA Vocational Rehabilitation:

Name of Counselor _____

Phone Number _____

Commission for the Blind and Visually Impaired

Name of Counselor _____

Phone Number _____

Other (please specify and provide phone numbers)

Authorization

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

Signature _____

Today's Date _____

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.

Signature _____

Today's Date _____

FOR OFFICE USE ONLY

Disability Services Staff (Full Name): _____

Staff Signature: _____

Date Reviewed: _____

Notes as Needed

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