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)
  □ Freshman
  □ Sophomore
  □ Junior
  □ Senior
  □ Other
  □ Non-degree seeking

Disability Documentation

Please describe your disability in a few words: ______________________________________
____________________________________________________________________________
____________________________________________________________________________

For Staff Use Only:

 Did You Know?
• We Do Not Share Information Without Written Permission
• Student must request accommodation, be proactive advocate for self
• Accommodations are not retroactive
• Remedial classes are no credit

Students with disabilities often have needs beyond those commonly met by other students. The Disability Services Office provides accommodations as required by law. These accommodations are provided free of charge and are designed to level the playing field for students with disabilities. Students with disabilities are encouraged to work closely with their advisors to ensure that they are meeting all of their course requirements and that they are on track for graduation.

Disability Services
Library, Room 161
Phone: 208.792.2677
disabilityservices@lcsc.edu

Did You Know?
• We Do Not Share Information Without Written Permission
• Student must request accommodation, be proactive advocate for self
• Accommodations are not retroactive
• Remedial classes are no credit
Date of original diagnosis and/or onset of disability:

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Do you have documentation for this disability?  
☐ Yes  ☐ No

Is your disability permanent or temporary?  
☐ permanent  ☐ temporary

Will you need emergency evacuation assistance?  
☐ Yes  ☐ No

Are you a veteran or ever served in the military?  
☐ Yes  ☐ 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.

<table>
<thead>
<tr>
<th>Classes (lectures, laboratory, physical activity, web based)</th>
<th>For Students:</th>
<th>For Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignments (reading, writing, calculating, keyboarding, library/research work)</td>
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<tr>
<td>Related Activities (clinical placement, practicums, internships)</td>
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<tr>
<td>Communication (speaking, listening, using phones, using email)</td>
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<tr>
<td>Evaluation (tests, papers, oral reports, group presentations/projects)</td>
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<tr>
<td>Time Constraints (timed tests, college deadlines, assignment due dates)</td>
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<tr>
<td>Attendance (class, required activities out of class, residential requirements)</td>
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### Classes
(lectures, laboratory, physical activity, web based)

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### Campus
(mobility, orientation/navigation, transportation)

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<th>For Students:</th>
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### Residence Halls
(roommates, food issues, climate control)

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<th>For Staff:</th>
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### Other:

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**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. If this does not pertain to you, please check “none.”

- [ ] None

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**Previously Used Services**

Understanding previous services used will help LCSC Disability Services best evaluate your request. Please provide as much information as possible.

**Disability-Related Treatments, Accommodations, Medications, Assistive Devices, and/or Services Previously Used**

Did you receive accommodations and/or services for your disability? (check all that apply)

- [ ] Preschool
- [ ] Elementary School
- [ ] College or University (give name):
- [ ] Middle School/Jr. High
- [ ] High School
- [ ] Never
What types of services did you receive? (check all that apply and complete as required)

- Resource classes  Hours per week: ____________   IEPs Available: ☐ Yes ☐ No
- Tutoring  Hours per week: ____________   Subject Areas: ____________________________________________
- Self-contained classes
- Other. Please describe: _______________________________________________________

Accommodations not used
Have you been granted accommodations in the past that you did not use? ☐ Yes ☐ No
If yes, please explain why you did not use the accommodations or other services:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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

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### 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.

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
