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  ☐ Nursing
☐ Sophomore  ☐ Master of Social Work (MSW)
☐ Junior  ☐ Academic
☐ Senior  ☐ Career Technical Ed (CTE)
☐ Other
☐ Non-degree seeking

Disability Documentation

Please describe your disability in a few words:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Date of original diagnosis and/or onset of disability:
_____________________________________________________

Do you have documentation for this disability? □ Yes □ No
Is your disability permanent or temporary? □ Yes □ No
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>
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<tbody>
<tr>
<td>Assignments (reading, writing, calculating, keyboarding, library/research work)</td>
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<td>Related Activities (clinical placement, practicums, internships)</td>
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<td>Communication (speaking, listening, using phones, using email)</td>
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<td>Evaluation (tests, papers, oral reports, group presentations/projects)</td>
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<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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<td>For Students:</td>
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<tr>
<td>Campus (mobility, orientation/navigation, transportation)</td>
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<td>Residence Halls (roommates, food issues, climate control)</td>
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<td>Other:</td>
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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

**Previously Used Services**

Understanding previous services used will help LCSC Accessibility 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  ☐ Middle School/Jr. High
☐ Elementary School  ☐ High School
☐ College or University (give name):  ☐ Never

Updated: 07 May 2020
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:

| Accommodations (examples: extended test time, use of a note-taker, use of a scribe, etc.) | For Student: | For Staff: |
| 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.) | | |
## Accommodations
(Examples: extended test time, use of a note-taker, use of a scribe, etc.)

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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)

   ______________________________
   ______________________________
   ______________________________
Communication Permission

Phone/Voicemail:

Your information is protected. In order for Accessibility Services to leave detailed messages containing specific information on a voice mail or answering machine, we need to be given permission for us to do so.

Main Phone: __________
Secondary Phone: __________

e-Mail:

I understand that if I choose to communicate with Accessibility Services through e-mail there exist some inherent risk to confidentiality. Lewis-Clark State College, Accessibility Services, cannot guarantee that the information exchanged via e-mail will remain confidential. If I contact Accessibility Services through e-mail, regarding appointments or other issues related to confidential services, I am accepting this risk to my right to confidentiality.

Knowing this risk, I give my permission to contact me via my LCmail (@lcmail.lcsc.edu) email address.

Yes ☐ No ☐

Social Media / Social Networking

The office of Accessibility Services does not communicate through any social networking site.
Authorization

I, ______________________________, authorize LCSC Accessibility Services to communicate with my instructors about my disability and needs.

Release of Information

In order for Accessibility 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 Accessibility 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 Accessibility 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

Accessibility Services Staff (Full Name): _______________________________________

Staff Signature: __________________________________________________________________

Date Reviewed: __________________________________________________________________

Notes as Needed