



LC State Corrections Education Intake Form-Accommodations

Instructions:

- Please read each section carefully
- Please fill out and provide as much information as possible

Personal Information:

Full name: _____

LC State student ID number: _____

Major: _____

Advisor's name: _____

Status (check all that apply)

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

Disability Documentation

What diagnosed medical condition(s) do you feel creates a barrier to your learning? (Please describe)

Do you have documentation that verifies this disability? Please list the type of documentation and if you have access to it. (Please note, Accessibility Services cannot request documents on your behalf.)



Previously Used Services:

Understanding what accommodations, you have successfully used in the past will help LC State Accessibility Services staff evaluate your request. Please provide as much information as possible.

Have you received academic accommodations and/or services for your diagnosed disability? (check all that apply)

- Yes, in K-12
- Yes, in College or University
(please provide the name of the College or University):
- Never

If you've ever had a 504 or IEP Plan, please describe what accommodations or adjustments were assigned:

For each of the following, please describe if you have used each type of accommodation, and its effectiveness:

| | For Student: | For Staff: |
|---|--------------|------------|
| Accommodation (examples: extended test time, use of a note-taker, use of a scribe, etc.) | | |
| Services (example: worked with a speech or occupational therapist, etc.) | | |



| | | |
|---|--|--|
| Assistive Devices (example: screen reader, noise canceling headphones, etc.) | | |
| Other | | |

Current Functional Impact:

Describe how your disability(ies) impacts your participation in each of the areas below.

| | For Student: | For Staff: |
|--|--------------|------------|
| Classes (lectures, laboratory, physical activity, web based) | | |
| Assignments (reading, writing, calculating, keyboarding, library/research work) | | |

| | | |
|--|--|--|
| <p>Communication (speaking, listening, using phones, using email)</p> | | |
| <p>Evaluation (tests, papers, oral reports, group presentations/projec ts)</p> | | |
| <p>Time Constraints (timed tests, college deadlines, assignment due dates)</p> | | |
| <p>Classes (lectures, laboratory, physical activity, web based)</p> | | |
| <p>Other:</p> | | |



Other:

Please provide any other information you feel will help Accessibility Services staff understand your barriers and how to accommodate them.



Authorization

I, _____, authorize Lewis-Clark State College Accessibility Services to communicate with my instructors about my disability, accommodations, and barriers on a “need-to-know” basis.

Release of Information

In order for Accessibility Services to assign academic accommodations, our office will need access to your academic records. All academic records will be treated confidentially and in a professional manner. If you have any questions, please feel free to speak with a member of the Accessibility Services staff.

For reporting purposes, information about student accommodations may be shared with other LC State staff on a “need-to-know” basis. Information shared could include the students’ name and whether they received accommodations from our office. A student’s specific medical information and/or diagnosis will never be released.

I understand that this release of information will remain in effect until it is revoked by me. I may revoke this consent at any time with a written statement given to Accessibility Services, Lewis-Clark State College.

Date: _____

Signature: _____

FOR OFFICE USE ONLY

Notes as Needed: