



**ACCESSIBILITY SERVICES OFFICE**

**STUDENT INTAKE FORM**

Name \_\_\_\_\_ Banner ID# \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Disability Information**

- |                          |                              |                        |
|--------------------------|------------------------------|------------------------|
| _____ LD/ADD/ADHD        | _____ Visual/Blindness       | _____ Chronic Medical  |
| _____ Hearing Impairment | _____ Traumatic Brain Injury | _____ Temporary Injury |
| _____ Physical           | _____ Psychological          | _____ Other: _____     |

*Please describe your disability and how it affects your academic activities and also your daily living:*

\_\_\_\_\_  
\_\_\_\_\_

*Please describe any secondary disability or any additional information that may help us assist you:*

\_\_\_\_\_

**Additional Support Agencies**

*Are you working with any of the following? Please check any that apply.*

- |                               |                      |            |
|-------------------------------|----------------------|------------|
| _____ BVR                     | _____ Workman's Comp | _____ None |
| _____ Veterans Administration | _____ Other _____    |            |

If you checked one of the above, what is your counselor's name? \_\_\_\_\_

**OVER**

When do you plan to enter Northwest State Community College? \_\_\_\_\_

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING AND RETURNING THIS FORM. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DAVE DONALDSON AT 419-267-1265.

I understand that in addition to completing this form I need to provide documentation to develop an accommodation plan to receive services. I also need to complete the college's Admissions process, which is separate from these procedures.

As a participant in the Accessibility Services program at Northwest State, I give my permission to share information with other college departments and faculty that will support and enhance the services I am requesting through this program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form by mailing to: Dave Donaldson

NSCC  
22600 St. Rt. 34  
Archbold, OH 43502

OR fax to 419-267-5745

OR drop off at the Success Center Welcome Desk in the A building on campus

FOR EMPLOYEE USE ONLY

Employee initials \_\_\_\_\_ Date \_\_\_\_\_

Employee notes:



Documentation received

Date \_\_\_\_\_