



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 _____