



**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 #: \_\_\_\_\_

**Requested Accommodation(s)**

\_\_\_\_\_

**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**

