



**ACCESSIBILITY SERVICES OFFICE**

**STUDENT INTAKE FORM**

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Contact 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: _____     |

*What academic accommodations do you think would be most beneficiary to your academic success?:*

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

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

**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 Admission 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 \_\_\_\_\_