

DISABILITY SUPPORT SERVICES

STUDENT INTAKE FORM

Please type or print the following information:

Name: _____ Date: _____

Student I. D. No. _____ S. S. No. _____

HOME Address: _____

(Street, City, State, ZIP)

HOME Phone No. _____ CELL Phone No. _____

CAMPUS or LOCAL Address: _____

(Street, City, State, ZIP)

CAMPUS or LOCAL Phone No. _____

SIUE E-MAIL Address: _____

Preferred E-MAIL Address: _____

Enrollment: Term _____ Year _____ Major: _____

Student Classification(circle one): New Transfer Returning (last attended): _____

Class Standing (circle one): Freshman/Sophomore/Junior/Senior/Graduate/Special

Referred By (circle one): Faculty / H.S.Facilitator or Counselor / SIUE Admissions

Computer (web page, e-mail) Self / Other Campus Department /

Vet. Admin. / Office of Rehab Servs. / Other: _____

Do you have a Recording for the Blind & Dyslexic (RFB&D) account? Yes No

Name & address of ORS Counselor, if applicable: _____

The following information is given on a volunteer basis only. The information is used for statistical purposes only and is not a determiner of academic accommodations or services.

Race (Ethnicity) African American, Black, Non-Hispanic
American Indian, Alaska Native
Asian, Asian-American
Caucasian, Non-Hispanic
Multiracial
Pacific Islander

(OVER)

DISABILITY SUPPORT SERVICES

Self-Disclosure Form

Student's Name _____ ID # 800 _____

Diagnosed Disability: _____

Date of Diagnosis: _____ Date of Documentation: _____

Functional Limitations: _____

All of the information above has been provided on a voluntary basis. I understand that this information will be kept confidential and serves as a request for services only. If no services are being provided, this information will be kept on file for a period of five years.

Student Signature: _____ Date: _____

Please check any accommodations you have used previously:

- | | |
|---|--|
| <input type="checkbox"/> Note taker in the classroom | <input type="checkbox"/> Self tape recorded lectures |
| <input type="checkbox"/> ASL Interpreter | <input type="checkbox"/> Priority seating |
| <input type="checkbox"/> Accessible seating | <input type="checkbox"/> Handouts on white paper |
| <input type="checkbox"/> Large print materials | <input type="checkbox"/> Lab assistant |
| <input type="checkbox"/> Books in alternative formats | |

Alternative test taking procedures such as:

- | | |
|--|--|
| <input type="checkbox"/> Extended time | <input type="checkbox"/> Reader/scribe |
| <input type="checkbox"/> Taped tests | <input type="checkbox"/> Large print tests |
| <input type="checkbox"/> CCTV | <input type="checkbox"/> Use of a computer |
| <input type="checkbox"/> Use of a calculator | |

Other: _____

