

Edgewood College Disabilities Support Services Intake Form

Demographic/ Contact Information: Please complete

Name: _____ Date: _____
Last First Middle

Student ID #: _____ Date of Birth: _____

Campus Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Phone Number: Home: _____ Campus: _____ Work: _____

Email: Campus: _____ Other: _____

Student Status:

Prospective

Anticipated semester/year of enrollment: _____

Special/Guest

Continuing / Returning

Enrolled

Date of enrollment at Edgewood: _____

Undergraduate: Freshman Sophomore Junior Senior

Degree Seeking: _____

Graduate/Professional: Semester 1 Semester 2 Semester 3 Semester 4

Degree Seeking: _____

Anticipated date of graduation: _____

Grade Point Average: _____ Credits Completed: _____

Diagnostic Information:

1. Please list any disorder(s) or impairment(s) that you have been diagnosed with:

2. Please identify any other condition(s) affecting school that you would like to discuss:

Current Treating Specialist: _____

Address: _____
Street City State Zip Code

Functional Limitations: Please check and of the activities of daily living listed below that you believe are affected as a result of your disability. Also, please indicate the level of limitation resulting from your disability.

1= Unable to determine 2= Mild 3=Moderate 4=Substantial

1	2	3	4		1	2	3	4	
				Caring for oneself					Learning
				Talking					<input type="checkbox"/> Reading
				Hearing					<input type="checkbox"/> Writing/Spelling
				Breathing					<input type="checkbox"/> Calculating
				Seeing					<input type="checkbox"/> Memorizing
				Waling/Standing					<input type="checkbox"/> Concentrating
				Lifting/Carrying					<input type="checkbox"/> Listening
				Sitting					<input type="checkbox"/> Other
				Performing manual tasks					
				Eating					
				Working					
				Interacting with others					
				Sleeping					

Submission of this form does not imply that the accommodations requested will be granted. All requests are based on documentation and on individual needs. Please submit any other additional documentation you have with your intake form.

Service History: Please check/describe any services that you have received in the past under “Previously Received.” Please check those services that you are interested in requesting at Edgewood College under “Now Requesting.”

**Support Services and Accommodations
Edgewood**

Previously Received

Requesting at

(Please describe)

Test accommodations (please list/describe):		
Assistance with note taking (please describe):		
Document conversion <input type="checkbox"/> Audio Format <input type="checkbox"/> Enlarged Print <input type="checkbox"/> Braille <input type="checkbox"/> Other		
Adaptive Equipment <input type="checkbox"/> 4-track tape player <input type="checkbox"/> Digital audio disc player <input type="checkbox"/> Magnification software <input type="checkbox"/> Screen reading software <input type="checkbox"/> Other		
Sign Language Interpreting		
CART (Real Time Captioning)		
Assistive Listening Devices		
Physical Access Assistance (please describe):		
Housing Accommodation (please describe):		
Special Education/504 Plan		
Private Tutors or Academic Specialists		

Updated on June 18, 2004