

# Student Support Services Disability Services Intake Form

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

Classification: \_\_\_\_\_ Total college hours: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Email address: \_\_\_\_\_

Major: \_\_\_\_\_

Disability:      Physical \_\_\_\_\_      Emotional \_\_\_\_\_      Learning \_\_\_\_\_

Disability explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation:      \_\_\_\_\_ IEP      \_\_\_\_\_ Medical      \_\_\_\_\_ Psy. Test      \_\_\_\_\_ Voc. Rehab.

If you are a client of Indiana Vocational Rehabilitation Services, what is the name of your counselor? \_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give Student Support Services permission to record my disability status for statistical purposes. I also verify that the information provided on this form is correct and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_