



Disability Services STUDENT INTAKE FORM

This form is to be completed by the STUDENT. (If assistance is needed, please ask a Disability Services Counselor to help). Fill out the form as completely as possible prior to meeting with a Disability Counselor.

APPLICANT INFORMATION

Name _____ CPCC ID# _____

Date of Application ____/____/____ Date of Birth ____/____/____

Address _____

City, State, Zip _____

Phone number(s) _____

E-mail _____

Emergency Contact: Name _____ Phone Number _____

Referred to Disability Services by: _____

EDUCATIONAL EXPERIENCE/BACKGROUND

What is the highest level of education/grade you have completed? _____

Name of High School: _____ Years attended: _____

- High School Diploma OCS Certificate
- GED Did not complete High School

Have you ever attended another college or university? Yes No

When? _____ Where? _____ Degree/Major: _____

Did you receive accommodations? Yes No

List any accommodations and/or assistive technologies **that were helpful at any level of education:**

ACADEMIC STRENGTHS & WEAKNESSES

What type of learner are you? Visual Auditory Hands-on

What type of learning environment is best for you?

Traditional/lecture Online Interactive/hands-on

How would you describe your study habits?

Poor Average Good

What time of day are you most focused and productive?

Morning Afternoon Evening

What are your easiest subjects? Easiest _____ Hardest: _____

CPCC INFORMATION

Are you currently taking classes at CPCC? Yes No

If Yes, at which campus(es) _____

If No, when do you plan to start classes and at which campus(es)? _____

Intended or current program of study? _____

EMPLOYMENT

Are you currently working? Yes No If yes, hours per week _____

Where _____

Are you a VETERAN of the U.S. Armed Forces? Yes No

If yes, which branch: Army Navy Air Force Marines Coast Guard

DECLARED DISABILITY (check all that apply and specify)

According to the Americans with Disabilities Act a disability is defined as “a physical or mental impairment that substantially limits one or more of the major life activities of such individual; including people with a record of such an impairment or are regarded as having such an impairment”.

<input type="checkbox"/> ADHD	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Traumatic/Acquired Brain Injury	<input type="checkbox"/> Health Impairment Specify _____
<input type="checkbox"/> Mobility/Physical Impairment	<input type="checkbox"/> Visual Impairment/Blind	<input type="checkbox"/> Psychiatric/Psychological Specify _____
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Other Specify _____	<input type="checkbox"/> Learning Disability Specify _____

Is your disability temporary or permanent? Temporary Permanent

Describe how your disability affects your learning (i.e. barriers in the classroom, testing, on campus, etc.)

List any medications you are currently taking (*include name of medication prescribed*)

Check any of the following outside agencies from which you have received support:

- Vocational Rehabilitation
- CMC-Randolph
- Metrolina Association for the Blind
- Services for the Deaf and Hard of Hearing
- VA
- Other: _____

What services did this agency provide you?

Provide the name and contact number of providers:

Which of the following tasks do you HAVE DIFFICULTY doing? (*check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Paying attention in class | <input type="checkbox"/> Doing math calculations/word problems |
| <input type="checkbox"/> Taking notes | <input type="checkbox"/> Following directions |
| <input type="checkbox"/> Memorizing | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Finishing tests on time |
| <input type="checkbox"/> Reading/Understanding | <input type="checkbox"/> Physical Activities |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Writing/Putting thoughts into words |

ACCOMMODATION REQUESTS List reasonable accommodations that you believe will provide you equal access:

NOTE: Accommodations are approved based on the supporting documentation you provide, an intake interview with a counselor, AND a group staffing decision by the Disability Services team.

Please read and initial each statement below:

My signature below affirms that I am registering with CPCC Disability Services as a student with a disability as defined by the Americans with Disabilities Act and Section 504. I understand that despite my disability,

_____ I must meet the minimum/technical standards as set forth by my program of study and the classes I take *with or without accommodations*.

_____ I am responsible for following the College's policies and the CPCC Student Code of Conduct– *if you need a printed copy, please let your counselor know*.

_____ I need to contact my Disability Services counselor each semester to get my Accommodation Form(s) to give to my Instructor(s).

_____ I need to meet with my Instructor(s) to discuss my accommodation(s).

_____ Complaints about accommodations should be submitted to assigned DS counselor.

Student/Legal Guardian Signature (if necessary) _____

Date _____