DISABILITY SERVICES STUDENT INTAKE FORM

Central High Building – Room 331
disability.counselingservices@cpcc.edu - 704.330.6621

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 Code: _______________
Home Phone: __________________________ Cell Phone: __________________________
Email: ________________________________________________________________________________
Emergency Contact Name: __________________________ Phone: __________________________
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: ________ to ________
Degree Completed: ☐ High School Diploma ☐ GED/High School Equivalency
☐ OCS Certificate ☐ Did not complete High School

Have you ever attended another college or university? ☐ Yes ☐ No
When: ________ to ________ 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, how many hours per week?  __________
Where are you employed?  ____________________________________________________________

VETERAN STATUS:
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”.

<table>
<thead>
<tr>
<th>☐ ADHD</th>
<th>☐ Deaf/Hard of Hearing</th>
<th>☐ Intellectual Disability</th>
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</thead>
<tbody>
<tr>
<td>☐ Autism Spectrum Disorder</td>
<td>☐ Traumatic/Acquired Brain Injury</td>
<td>☐ Health Impairment Specify: ________________</td>
</tr>
<tr>
<td>☐ Mobility/Physical Impairment</td>
<td>☐ Visual Impairment/Blind</td>
<td>☐ Psychiatric/Psychological Specify: ________________</td>
</tr>
<tr>
<td>☐ Speech Impairment</td>
<td>☐ Other Specify: ________________</td>
<td>☐ Learning Disability Specify: ________________</td>
</tr>
</tbody>
</table>

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

☐ Veteran’s Administration  ☐ 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)

☐ Paying attention in class  ☐ Doing math calculations/word problems
☐ Taking notes  ☐ Following directions
☐ Memorizing  ☐ Spelling
☐ Time Management  ☐ Finishing tests on time
☐ Reading/Understanding  ☐ Physical Activities
☐ Communication  ☐ 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: ________________________________

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