

INTAKE FORM

(Please complete for LSS Records)

Date _____ Term: Fall _____ Winter _____ Spring _____

NAME _____ Date of Birth _____
(Last) (First)

STUDENT ID # _____ GENDER: F M

TELEPHONE NUMBER _____ or EMAIL ADDRESS _____

List Course(s) for which you are requesting support

	Course #1	Course #2	Course #3
Course Name & #			
Instructor's Name			
Day & Time Class Meets Room #			

Service requested:

Tutoring I have read and received a copy of LSS Services/Student Responsibilities (pg 1)

I am seeking accommodation(s) in my courses for the current semester. I have read and received a copy of LSS Services/Student Responsibilities (pg 2-3)

Please identify and describe the nature of the accommodation request.

Student Signature

Date

(Please continue on next page)

Supplemental Information

* **Look this page over carefully:** Please check boxes if any of the categories listed apply to you.

Documented Disability

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Autistic Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Cognitive Impairment (MI) | <input type="checkbox"/> Motor impairment |
| <input type="checkbox"/> Emotional impairment | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Hand impairment | <input type="checkbox"/> Traumatic Brain Injury (TBI) |
| <input type="checkbox"/> Health impairment | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Other _____ | |

- You do not have a documented learning disability, but need to be tested? _____
- Do you have a Vocational Rehabilitation Counselor? _____
- Did you have an IEP (Individual Education Plan in High School)? _____
-

Limited English Speaker

Is English your second language? **Yes** **No**

What is your native language? _____

If none of the above categories apply to you, check here

FOR OFFICE USE ONLY

Educational Program: _____

ECO:

ESL:

GEN: