

## Request for Services Intake

Student Name \_\_\_\_\_

Student ID #: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

Campus e-mail \_\_\_\_\_@kctcs.edu

Current Semester:  Fall  Spring  Summer Year: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
City/State/Zip

Preferred Phone#: \_\_\_\_\_  Cell  Home

Additional Phone#: \_\_\_\_\_  Cell  Home  Other

What high school(s) did you attend? \_\_\_\_\_

Did you,  graduate from high school  earn a GED?

Did you have an IEP, 504 Plan, or other school support?  Yes  No

Please list any other schools/programs attended since graduating/earning GED:

\_\_\_\_\_

What is your projected major? \_\_\_\_\_

Please indicate your documented area(s) of disability: (Check all that apply)

Blind/Visually Impaired  Deaf/Hard of Hearing  Physical

Mental Health  Learning Disability  Autism Spectrum  ADD/ADHD

Brain injury  Speech/language  Mobility  Chronic Health

Other: please specify \_\_\_\_\_

*For office use only*

New student checklist:

- Scan Student I.D.
- Review Documentation
- Review/complete Profile Sheet
- Issue Parking Placard (if applicable)
- FERPA Release
- Testing policy info
- Follow-up

Staff intake notes:

Briefly describe how your disability affects your daily life and education:

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What accommodations have you successfully used in the past? (Check all that apply)

- Extended test time    Exams outside the classroom    Reader for exams
- Scribe for exams    Enlarged print exams/handouts    Note-taker/instructor notes
- Recorder/smart pen in classroom    Sign language interpreter    Use of FM system
- Captioning    Alternative format textbooks
- Assistive Technology: please specify \_\_\_\_\_
- Other: provide details \_\_\_\_\_

Would you like your instructors to be notified about your disability?  Yes    No  
(If you answer "no" the office will simply notify instructors of your accommodations or concerns without revealing the nature of your disability.)

If you answered yes, please specify level of disclosure. \_\_\_\_\_

Are you currently working with the Office of Vocational Rehabilitation?  Yes    No

If yes, what is your counselor's name? \_\_\_\_\_

Please share any other information you feel would be helpful to DS:

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A representative of Disability Services (DS) has met with me to review program services and my eligibility. I understand it is my responsibility to maintain contact with DS, formally request notification of accommodations to my instructors each semester, and provide timely feedback to DS about any concerns or difficulties.

**X** \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*To be signed by student at the close of intake appointment.**