



You Belong!  
ccsj.edu

### Disability Services Intake Form

2400 New York Ave., Office 169  
Whiting, IN 46394  
(219) 473-4349

Name/Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

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

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

Disability: Learning \_\_\_\_\_ Medical \_\_\_\_\_ Emotional \_\_\_\_\_ Physical \_\_\_\_\_ Other \_\_\_\_\_

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

Documentation: \_\_\_\_\_ IEP \_\_\_\_\_ Medical \_\_\_\_\_ Psychological Test \_\_\_\_\_ Voc. Rehab. \_\_\_\_\_ Other \_\_\_\_\_

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

Recommendations from Counselor: \_\_\_\_\_  
\_\_\_\_\_

Previous Accommodations (Name Institution and Accommodations): \_\_\_\_\_  
\_\_\_\_\_

Requested Accommodations from CCSJ for Semester: \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accommodation letter to Instructor | <input type="checkbox"/> Special Seating              | <input type="checkbox"/> Orientation/Mobility                               |
| <input type="checkbox"/> Note Taker*                        | <input type="checkbox"/> Assistive Technology         | <input type="checkbox"/> Extended time*                                     |
| <input type="checkbox"/> Frequent Breaks as Needed*         | <input type="checkbox"/> Reader or Scribe for Testing | <input type="checkbox"/> Permission to use Calculator                       |
| <input type="checkbox"/> Distraction Limited Testing Room   | <input type="checkbox"/> Recording Device*            | <input type="checkbox"/> Tutoring as Needed                                 |
| <input type="checkbox"/> Study Guide Provided*              | <input type="checkbox"/> Assistance w/Classes*        | <input type="checkbox"/> Detailed outlines* <input type="checkbox"/> Other* |

\*See Disability Services for more details

I give CCSJ and the Office and Academic and Disability 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 \_\_\_\_\_