



**OFFICE OF SPECIAL SERVICES
STUDENT INTAKE FORM**

Alternative formats and/or reader or scribes are available upon request

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Home _____ E-mail: _____

USW Student ID# _____ DOB: _____

University Status	Ethnic Origin	Other Information	
<input type="checkbox"/> Freshman	<input type="checkbox"/> Asian/Asian American	Gender	Referred By
<input type="checkbox"/> Sophomore	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Female	<input type="checkbox"/> Professor
<input type="checkbox"/> Junior	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Male	<input type="checkbox"/> Admissions
<input type="checkbox"/> Senior	<input type="checkbox"/> Hispanic/Mexican American	<input type="checkbox"/> Undisclosed	<input type="checkbox"/> Fin. Aid
<input type="checkbox"/> Graduate/Masters	<input type="checkbox"/> Native American		<input type="checkbox"/> Counseling
<input type="checkbox"/> Licensure _____	Other: _____		<input type="checkbox"/> Self
<input type="checkbox"/> Non-degree	<input type="checkbox"/> International Student		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Prospective			
<input type="checkbox"/> Transfer: _____			

HS Graduate: Yes No Date: _____ School: _____

GED: Yes No Date: _____ School: _____

Disability Information

Are you a student with a disability: Yes, diagnosed Suspected, not diagnosed No

If yes or suspected, describe the nature of the disability: _____

Describe your health: Excellent Good Fair Poor

What prescription medications are you taking or have you taken in the past? _____

How long did/do you expect to take this medicine? _____

Describe any serious physical illness, injuries, or surgeries you have now or had in the past:

Other than exceptions as per Federal Law, State Law, and court orders, this information is confidential.

SPECIAL SERVICES - DISABILITY VERIFICATION

Name: _____ Date: _____

Date of Verification: _____ Verified By: _____

Date Diagnosed: _____ By Whom: _____

Physical Diagnosis: _____ Learning Disability: _____

Major Life Activity with which this condition interferes	Functional Limitation
_____ Manual Tasks	_____ Organize/Sequence
_____ Walking	_____ Easily Distracted
_____ Seeing	_____ Poor Concentration
_____ Hearing	_____ Difficulty Focusing for Extended periods of time
_____ Breathing	_____ Difficulty Formulating and executing plan of action
_____ Learning	_____ Abstract Thinking
_____ Speaking	_____ Panics
_____ Other: _____	_____ Other: _____

Recommended Accommodations: As Per Documentation	
_____ Extended Test Time (1 .5X/2X/Other...depending on the class)	
_____ Distraction-reduced environment	
_____ Alternate Chair/Table	_____ Interpreter
_____ Note-taking	_____ Scribe/Reader
_____ Written Materials in Alternative Formats	_____ Calculator
_____ Computer/Word Processing Extended-	_____ Excessive Absences
_____ Time for Assign. Completion	_____ Preferential Seating
_____ Recorder	_____ Campus Access
_____ Adaptive Equipment	_____ Tutoring
_____ Other: _____	

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Student Signature

Director Signature