

VCU Disability Support Services

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

STUDENT INTAKE FORM

I. General Information

Date: _____

1. Name _____ V# _____

2. Local Address _____

3. City _____ State _____ Zip code _____

4. Date of Birth _____ Phone (H) _____ (W) _____

5. E-mail address _____ Race _____ Sex _____

6. Major _____

7. Student Status

a. Freshman _____

b. Sophomore _____

c. Junior _____

d. Senior _____

e. Graduate Student _____

II. Disability Information

1. What is your diagnosed disability? (Check all that apply)

_____ Deaf/hearing impaired

_____ Mobility Impaired

_____ Blind/Visually Impaired

_____ Speech Impairment

_____ Learning Disability

_____ Mental Health Impairment

_____ ADD/ADHD

_____ Other

_____ Health Impairment

2. Please describe your disability and how it affects your performance as a student.

3. What kinds of special equipment or auxiliary aids do you use on a regular basis?

4. List any medications you are currently taking and their side effects:

5. Describe any serious illnesses or injuries you have had, not related to your disability.

III. Agency Information

Are you receiving assistance from any outside agency (i.e. Department for the Blind & Vision Impaired, Department of Rehabilitative Services) for academic, career, personal counseling or support? Yes ___ No ___

1. Agency Name _____ Phone # _____ Fax# _____

City or County _____ Counselor's Name _____

2. Agency Name _____ Phone # _____ Fax# _____

City or County _____ Counselor's Name _____

IV. Support Services/Academic Adjustments

1. Check the services/academic adjustments that you have used before and/or those you feel will be of benefit to you at Virginia Commonwealth University (you may check more than one).

	HAVE USED	HAVE NOT USED	VERY HELPFUL	NOT HELPFUL
Tutoring				
Note taker				
Reader				
Scribe				
Tape Recorder in class				
Extended test time				
Testing in a separate room				
Taped textbooks/materials				
Spell checker				
Voice Synthesizer				
Word Processor				
Voice Recognition Software				
Adapted Keyboard				
Franklin Speller				
CCTV				
Talking Calculator				
Braille				
Interpreter Services				
Phonic Ear				
Reduced Course Load				
Enlarged Print Materials				

V. Educational Background

1. Check the tasks that you can do easily and those with which you have difficulty.

	EASY TASK	DIFFICULT TASK
Paying attention in class		
Completing assignments		
Taking notes		
Memorizing		
Managing time		
Reading at a good rate of speed		
Understanding what I read		
Doing math calculations		
Following directions		
Spelling		
Finishing tests on time		
Putting thoughts into writing		
Proofreading		
Being motivated		
Asking for help		

2. What were your easiest subjects in school? _____

3. What subjects caused you the most difficulty? _____

4. What are your interests, talents, strengths, and/or hobbies? _____

5. Is English your first language? _____

I have read the documentation requirements supplied by Disability Support Services and I understand and agree to supply the requested documentation in order to verify my disability and receive services.

The information contained in this form is true and accurate to the best of my knowledge.

Student's Signature: _____ Date: _____

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