

LCSC Accessibility Services
 Library, Room 161

Phone: 208.792.2620
 accessibilityservices@lcsc.edu

- Did You Know?*
- *We Do Not Share Information Without Written Permission*
 - *Student must request accommodation, be proactive advocate for self*
 - *Accommodations are not retroactive*
 - *Remedial classes are no credit*

For Staff Use Only:

Documentation: Y N
 If Yes: Date Received _____

If No:

Provisional Contract Y N
 Referral Y N
 to: _____

Student Intake Form

Student Name: _____ Today's Date: _____

Personal Information

Full Name: _____

Student ID Number: _____

Major: _____

Advisor's Name: _____

Housing:

- On-campus If on-campus, which dorm? _____
 Off-campus

Status (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Freshman | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Sophomore | <input type="checkbox"/> Master of Social Work (MSW) |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Senior | <input type="checkbox"/> Career Technical Ed (CTE) |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> Non-degree seeking | |

Disability Documentation

Please describe your disability in a few words:

Date of original diagnosis and/or onset of disability:

- Do you have documentation for this disability? Yes No
 Is your disability permanent or temporary? permanent temporary
 Will you need emergency evacuation assistance? Yes No
 Are you a veteran or ever served in the military? Yes No
 If yes, which branch? _____

Current Functional Impact

Describe all current disability-related functional (work, control, perform) impact (frustrations, issues, and/or restrictions) of your disability and how they impact your participation in each of the areas below. If you need additional space, please attach a document.

	For Students:	For Staff:
Classes (lectures, laboratory, physical activity, web based)		
Assignments (reading, writing, calculating, keyboarding, library/research work)		
Related Activities (clinical placement, practicums, internships)		
Communication (speaking, listening, using phones, using email)		
Evaluation (tests, papers, oral reports, group presentations/projects)		
Time Constraints (timed tests, college deadlines, assignment due dates)		
Attendance (class, required activities out of class, residential requirements)		

Classes (lectures, laboratory, physical activity, web based)	For Students:	For Staff:
Campus (mobility, orientation/navigation, transportation)		
Residence Halls (roommates, food issues, climate control)		
Other:		

Prognosis or Stability of Disability Over Time

Describe the variability or amount of change and possible flair-ups or episodes, if any that can occur with your disability. If this does not pertain to you, please check “none.”

None

Previously Used Services

Understanding previous services used will help LCSC Accessibility Services best evaluate your request. Please provide as much information as possible.

Disability-Related Treatments, Accommodations, Medications, Assistive Devices, and/or Services Previously Used

Did you receive accommodations and/or services for your disability? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Middle School/Jr. High |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> High School |
| <input type="checkbox"/> College or University (give name): | <input type="checkbox"/> Never |

What types of services did you receive? (check all that apply and complete as required)

- Resource classes Hours per week: _____ IEPs Available: Yes No
 Tutoring Hours per week: _____
 Subject Areas: _____
 Self-contained classes
 Other. Please describe: _____

Accommodations not used

Have you been granted accommodations in the past that you did not use? Yes No

If yes, please explain why you did not use the accommodations or other services:

For each of the following, please describe what you have used and its usefulness:

Accommodations (examples: extended test time, use of a note-taker, use of a scribe, etc.)	For Student:	For Staff:
Modifications (example: allowed to work fewer math problems, write shorter papers, etc.)		
Services (example: worked with a speech or occupational therapist, etc.)		
Assistive Devices (example: screen reader, noise canceling headphones, etc.)		

Accommodations (examples: extended test time, use of a note-taker, use of a scribe, etc.)	For Student:	For Staff:
Other		

Additional questions

What services do you believe you will need for success at LCSC?

Additional Information You Want to Share About Yourself and/or Your Disability:

Other Agency/Program Involvement

(please complete information for all services that apply)

Student Support Services (TRIO)

Vocational Rehabilitation:

Name of Counselor _____

Phone Number _____

VA Vocational Rehabilitation:

Name of Counselor _____

Phone Number _____

Commission for the Blind and Visually Impaired

Name of Counselor _____

Phone Number _____

Other (please specify and provide phone numbers)

Communication Permission

Phone/Voicemail:

Your information is protected. In order for Accessibility Services to leave detailed messages containing specific information on a voice mail or answering machine, we need to be given permission for us to do so.

Main Phone: _____

Secondary Phone: _____

e-Mail:

I understand that if I choose to communicate with Accessibility Services through e-mail there exist some inherent risk to confidentiality. Lewis-Clark State College, Accessibility Services, cannot guarantee that the information exchanged via e-mail will remain confidential. If I contact Accessibility Services through e-mail, regarding appointments or other issues related to confidential services, I am accepting this risk to my right to confidentiality.

Knowing this risk, I give my permission to contact me via my LCmail (@lcmail.lcsc.edu) email address.

Yes No

Social Media / Social Networking

The office of Accessibility Services **does not** communicate through any social networking site.

Authorization

I, _____, authorize LCSC Accessibility Services to communicate with my instructors about my disability and needs.

Release of Information

In order for Accessibility Services to assist with academic advising, we will need access to your academic records. All academic records are strictly confidential and will be kept confidential and treated in a professional manner. The following release will authorize the staff of Accessibility Services to obtain your grades, transcripts from Lewis-Clark State College and other colleges. If you have any questions, please feel free to contact our office.

I, _____, authorize Accessibility Services to obtain my grade reports, as well as any other academic information needed for my academic advising.

Signature _____

Today's Date _____

FOR OFFICE USE ONLY

Accessibility Services Staff (Full Name): _____

Staff Signature: _____

Date Reviewed: _____

Notes as Needed