



Accessibility Services Student Intake Form

I. General Information

First name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____ Work phone: _____
(e.g., 9999999999) (e.g., 9999999999) (e.g., 9999999999)

E-mail address: _____ Student ID: _____

Status:

Undergraduate: Part-time Full-time Visiting student

Graduate: Master's Doctorate

Term: Fall Winter Spring Summer

Military: Active duty Veteran Reserve/Guard

Location: US Asia Europe

Major: _____

II. Disability Information

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

- | | |
|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Blind/Low vision | <input type="checkbox"/> Mobility/Physical |
| <input type="checkbox"/> Chronic health | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Deaf/Hard of hearing | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Other |

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

Please indicate the support service/accommodations you are requesting and how they will help you.

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

Agency Information

Are you receiving assistance from any outside agency (i.e. Department for the Blind and Vision Impaired, Department of Rehabilitative Services, Social Security, etc.) for academic, career, or personal counseling or support?

Yes No

1. Agency name: _____

Phone: _____ Fax: _____
(e.g., 9999999999) (e.g., 9999999999)

City or county: _____ Counselor's name: _____

2. Agency name: _____

Phone: _____
(e.g., 9999999999)

Fax: _____
(e.g., 9999999999)

City or county: _____ Counselor's name: _____

III. Educational Background

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

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

Documentation of your disability is required in order to determine your eligibility for academic accommodations. Please have your medical professional send Accessibility Services documentation of your disability clearly outlining the functional limitation that would keep you from having an equal opportunity while pursuing your educational program.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. In accordance with FERPA, UMGC may not disclose certain education records or information contained there without written permission from the student. By signing below, I am indicating that Accessibility Services has my permission to discuss my disability accommodations with my medical professional and with UMGC departments for the purpose of arranging my academic accommodations.

Signature or e-signature required

Date (mm/dd/yyyy)

Return this form to

UMGC Stateside
accessibilityservices@umgc.edu
Accessibility Services
3501 University Boulevard East
Adelphi, MD 20783
Phone: 240-684-2287