

INTAKE – OFFICE ACCESSIBILITY SERVICES

Personal Information (PLEASE PRINT)

Name: _____ Date of Birth: _____
Address: _____ SS#: _____
City: _____ Cell Phone: _____
State: _____ Zip Code: _____ Home Phone: _____
E-Mail Address: _____

EDUCATIONAL BACKGROUND

High School Attended: _____
Did you graduate?: Yes No Year of Graduation: _____
If no, do you have your GED? Yes No Year of GED _____

DISABILITY CLASSIFICATION

What is your diagnosed disability? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Blind/ Low Vision | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Psychiatric Disability | <input type="checkbox"/> Chronic Health Impairment | <input type="checkbox"/> PDD/Spectrum Disorder |

Other: _____

Describe your disability and how it affects your performance as a student:

List any medications which you are taking and how they may affect you in a classroom setting:

ACADEMIC INTENT/ACCOMODATIONS REQUESTED

List any colleges or universities you have attended.

List any accommodations you have received in the past.

What academic accommodations are you requesting?

What is your educational goal?

- Associate's Degree Major: _____
- Certificate Program Type of Certificate: _____
- Plan to transfer to another college/university without earning as Associate's degree
- Other _____

Indicate whether you have received services from the following agencies:

ACCES VR	Counselor _____	Phone _____
Veteran's Administration	Counselor _____	Phone _____
Commission for the Blind	Counselor _____	Phone _____
Other	_____	

May OAS discuss your educational needs with this counselor? Yes No

IV What's Your Experience:

Please check the following areas where you feel you experience the greatest barriers/challenges to achieving your academic goals?

Test-Taking	<input type="checkbox"/> Multiple Choice <input type="checkbox"/> Essay	<input type="checkbox"/> Reading questions	<input type="checkbox"/> Writing Out Answers	<input type="checkbox"/> Finishing on time	
In Classes	<input type="checkbox"/> Course Attendance	<input type="checkbox"/> Note-Taking	<input type="checkbox"/> Listening/Focus	<input type="checkbox"/> Speaking	
Class Assignments	<input type="checkbox"/> Papers	<input type="checkbox"/> Presentations	<input type="checkbox"/> Group Projects	<input type="checkbox"/> Lab Projects	
Homework	<input type="checkbox"/> Reading/comprehension	<input type="checkbox"/> Writing/Typing	<input type="checkbox"/> Research	<input type="checkbox"/> Short-term memory	
Under Time Constraints	<input type="checkbox"/> Time management	<input type="checkbox"/> Short-term deadlines	<input type="checkbox"/> Long-term assignments	<input type="checkbox"/> Feeling anxious	
Online	<input type="checkbox"/> Reading online content	<input type="checkbox"/> Viewing videos	<input type="checkbox"/> Participating in chats	<input type="checkbox"/> General accessibility	
Other Times	<input type="checkbox"/> Housing	<input type="checkbox"/> Social interactions	<input type="checkbox"/> Computer use	<input type="checkbox"/> Campus Activities	
Courses Most Challenging	<input type="checkbox"/> Math-based	<input type="checkbox"/> Writing-based	<input type="checkbox"/> Science-based	<input type="checkbox"/>	
Other comments or campus barriers not yet mentioned? (optional)					
Technology you own? (Check all)	<input type="checkbox"/> PC <input type="checkbox"/> PC Laptop <input type="checkbox"/> Dragon	<input type="checkbox"/> Mac <input type="checkbox"/> Mac Laptop <input type="checkbox"/> Smart Pen	<input type="checkbox"/> iPad <input type="checkbox"/> iPhone <input type="checkbox"/> Kurzweil	<input type="checkbox"/> Android Phone <input type="checkbox"/> Audio recorder	<input type="checkbox"/> Android Tablet
Are you interested in learning about apps that may help you in your academic work?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

The Office of Accessibility Services (OAS) requires appropriate and current disability documentation to be submitted 4 weeks prior to receiving academic accommodations. Once the documentation is received and reviewed, you will meet with an OAS staff member to discuss academic accommodations, procedures and policies. Information regarding disability is kept in the Office of Accessibility and is not part of the student's permanent record.

Student's Signature

Date

Authorization to Share Information

I UNDERSTAND THAT BY SIGNING BELOW, I AUTHORIZE THE RELEASE OF ANY MEDICAL, PSYCHIATRIC OR OTHER PERTINENT INFORMATION FROM MY HEALTH CARE PROVIDER(S) TO THE OFFICE OF ACCESSIBILITY SERVICES (OAS) AT SUNY ORANGE. I ALSO GRANT PERMISSION TO RELEASE AND SHARE ANY RELEVANT INFORMATION, WRITTEN OR ORAL WITH ODS STAFF AS IT RELATES TO MY ACADEMIC CAREER AT SUNY ORANGE.

Student Signature

Date

ID# A _____

1) Contact Information of health care provider:

Name: _____

Address: _____

Phone # _____

Fax #: _____ Email: _____

2) Contact Information of health care provider:

Name: _____

Address: _____

Phone: _____

Fax #: _____ Email: _____

I also understand that I may rescind this consent at any time by informing ODS staff in writing.

Student Signature

Date

I do not wish to share my medical, psychiatric or other information from my health care provider to the Office of Accessibility Services at this time.

ODS Staff Signature

Date