



Disability Services Student Intake Form

This form is to be completed by the **student only** – if assistance is needed, please ask a Disability Services Counselor to help. Fill out the form as completely as possible prior to your scheduled meeting with a Disability Services Counselor.

Applicant Information

Name: _____ RCCC Student ID #: _____

Date of Application: ____/____/____ Date of Birth: ____/____/____

Street Address: _____

City, State, Zip: _____

Phone number(s): _____

E-mail: _____

Emergency Contact: Name _____ Phone Number _____

Referred to Disability Services by: _____

Employment/Career Information

Are you currently working? ____ yes ____ no If yes, how many hours per week: _____

Where? _____

What kind of work do you do? _____

What other jobs have you held? (Where and for how long?)

What are your career goals? _____

Are you a Veteran of the U.S. Armed Forces? ____ yes ____ no

Family/Social Information

How would you rank your family/social support? (check one)

____ Excellent ____ Good ____ Fair ____ Poor

Is there a history of medical conditions in your family? ____ yes ____ no

If yes, specify: _____

Medical History

Declared Disability (*check all that apply and specify if requested*)

- | | |
|--|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Learning Disability
Specify: _____ | <input type="checkbox"/> Health Impairment
Specify: _____ |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Orthopedic Impairment
Specify: _____ |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Psychiatric Disability
Specify: _____ |
| <input type="checkbox"/> Hard-of-Hearing | |
| <input type="checkbox"/> Other – Specify: _____ | |

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

Do you have any long-term medical problems or history of serious illnesses/injuries? ____ yes ____ no

If yes, please describe:

How would you rate your general health? (*check one*) ____ Excellent ____ Good ____ Fair ____ Poor

Check any of the following outside agencies from which you have received support:

- | | |
|--|--|
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> CMC-Randolph |
| <input type="checkbox"/> Metrolina Association for the Blind | <input type="checkbox"/> Northeast Psychiatry |
| <input type="checkbox"/> VA | <input type="checkbox"/> Services for the Deaf and Hard-of-Hearing |
| <input type="checkbox"/> Daymark | |
| <input type="checkbox"/> Other: _____ | |

What services did these agencies provide you?

Educational Background

What is the highest level of education/grade you have completed? _____

Name of High School: _____ Years attended: _____

- High School Diploma
- GED – Where? _____ When? _____
- OCS Certificate
- Did not complete high school

Did you have an IEP or 504 Plan in high school? ____ yes ____ no

List any accommodations and/or adaptive technology you used in high school:

RCCC Information

Are you currently taking classes at RCCC? ____ yes ____ no

If yes, which campus(es) _____

If no, when do you plan to start classes and at which campus(es)? _____

Have you ever attended another college or university? ____ yes ____ no

Where? _____ When? _____

Did you receive accommodations? ____ yes ____ no

If yes, please list: _____

Academic Strengths & Weaknesses

What type of learner are you? ____ Visual ____ Auditory ____ Hands-on

What type of learning environment is best for you?

____ Traditional/lecture ____ Online ____ Self-paced ____ Interactive/hands-on

How would you describe your study habits?

____ Terrible ____ Poor ____ Average ____ Good ____ Very good ____ Excellent

How much time do you devote to studying each day? _____

Do you consider yourself a “morning person”? ____ yes ____ no

What time of day are you most focused and productive? _____

What are your easiest subjects? _____ Hardest? _____

Which of the following do you have difficulty doing? (*check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Paying attention in class | <input type="checkbox"/> Doing math calculations |
| <input type="checkbox"/> Completing assignments | <input type="checkbox"/> Doing math word problems |
| <input type="checkbox"/> Taking notes | <input type="checkbox"/> Following directions |
| <input type="checkbox"/> Memorizing | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Managing time | <input type="checkbox"/> Finishing test on time |
| <input type="checkbox"/> Reading at a good rate | <input type="checkbox"/> Putting thoughts into words |
| <input type="checkbox"/> Understanding what I read | <input type="checkbox"/> Being motivated |
| <input type="checkbox"/> Proofreading | |

Accommodation Requests (Specify below)

Note: Accommodations are approved based on the supporting documentation you provide and an intake interview with a Disability Services Counselor.

BRING THIS FORM TO YOUR INTAKE APPOINTMENT WITH YOUR DISABILITY SERVICES COUNSELOR.

My signature below affirms that I am registering with RCCC Disability Services as a student with a disability as defined by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. I understand that despite my disability,

_____ I must meet the minimum/technical standards as set forth by my program of study and the classes I take with or without accommodations.

_____ I am responsible for following the College’s policies and the RCCC Student Code of Conduct found in the College Catalog and online. If you need a copy, please ask your counselor.

_____ I need to meet with my Disability Services Counselor early in the term to get my Accommodation Notification Forms to give to my instructor(s).

_____ I need to meet with my instructor(s) to discuss my accommodations.

Student Signature

Date

Legal Guardian Signature (if necessary)

Date

Any complaints about accommodations should be submitted to your DS Counselor by email or calling.