

ECU DISABILITY SERVICES
 ROOM 159 ADMINISTRATION
 580.559.5677/5297 FAX 580.559.5294

INTAKE FORM

Name _____ Date _____

Mailing Address _____ Student ID# _____

City and State _____ County _____ Zip _____

Date of Birth _____ Social Security# _____ Semester _____

Major _____ Advisor _____

E-mail address: _____

Disability(ies): _____

Documentation? Yes No

Race (optional): Please place an X in the space that applies:

| | | |
|--|--|--|
| <input type="radio"/> African American | <input type="radio"/> American Indian/Alaskan Native | <input type="radio"/> Asian/Pacific Islander |
| <input type="radio"/> Hispanic | <input type="radio"/> White/Caucasian | <input type="radio"/> Other _____ |

Classification: Please place an X in the space(s) that applies(y):

| | | | |
|--------------------------------|-------------------------------------|--------------------------------|-----------------------------------|
| <input type="radio"/> Freshman | <input type="radio"/> Sophomore | <input type="radio"/> Junior | <input type="radio"/> Senior |
| <input type="radio"/> Transfer | <input type="radio"/> Post-Graduate | <input type="radio"/> Graduate | <input type="radio"/> Other _____ |

Agencies you are currently receiving services from:

| | | |
|--|----------------------------------|-------------------------------|
| <input type="radio"/> Dept. of Rehabilitation Services | State: _____ Counselor: _____ | County: _____ Phone: _____ |
| <input type="radio"/> Veteran's Administration | State: _____ Counselor: _____ | Phone: _____ |
| <input type="radio"/> Other _____ _____ | State: _____ Counselor: _____ | Phone: _____ |

Please continue on back of page.

Please list any academic accommodations and/or support services that you have previously received: _____

Please explain how you cope with your immediate environment as well as within an educational setting. Be sure to include any coping methods which you employ (such as special modifications, service animals, special equipment, communication methods, or unusual methods of handling situations.)

Information shared with the Office of Disability Services will be kept confidential unless you authorize release and exchange of specified information. Completion of this form does not guarantee academic accommodations and it is your responsibility to schedule an intake interview with our office to discuss the services and/or academic accommodations available. **You MUST provide professional documentation to support your disability(ies) in order to qualify for academic accommodations.** Accommodations can be provided only after these conditions are met. **It is also your responsibility to request services from the Office of Disability Services and contact instructors prior to each semester.** This form is completed in consultation with the staff of the Office of Disability Services.

Your signature _____ Date _____

Person completing form if other than self:

Name _____ Relationship _____

