



## Disability Services Intake Form

**PLEASE PRINT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ or EMPLID: \_\_\_\_\_

**Mailing Address:**

Street and Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Other \_\_\_\_\_

Currently attending ESCC: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to transfer? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

**Employment:**

Currently Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, hours per week: \_\_\_\_\_

Type of Work: \_\_\_\_\_

**Educational Goals:**

- \_\_\_ Take a few courses that interest me
- \_\_\_ Complete a certificate at ESCC
- \_\_\_ Complete a 2-year applied science degree at ESCC
- \_\_\_ Complete a 2-year transfer degree at ESCC and transfer to a four-year college
- \_\_\_ Take transfer classes and transfer after one year
- \_\_\_ Take transfer classes and transfer after one year
- \_\_\_ Improve basic skills in reading, writing, math, etc.
- \_\_\_ Other \_\_\_\_\_

If seeking a certificate or degree, what is your major? \_\_\_\_\_

What job or career fields are you considering: \_\_\_\_\_

Special Interests or Hobbies: \_\_\_\_\_

Have you registered to vote: Yes \_\_\_\_\_ No \_\_\_\_\_

**Disability Information:** Check all that apply

- |                               |                           |
|-------------------------------|---------------------------|
| _____ Blind/Visually Impaired | _____ Cerebral Palsy      |
| _____ Deaf or Hard of Hearing | _____ Learning Disability |
| _____ Mobility Impairment     | _____ Speech Impairment   |
| _____ Brain Injury            | _____ Other               |

**Please describe below how your disability impacts your educational progress:**

\_\_\_\_\_  
\_\_\_\_\_

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**Are you on medication at the present time:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all medications below:

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**Please circle any services or accommodations listed below that you received in high school or college.**

**Services:**

- Speech therapy
- Vision training or prism lenses
- Certification for books on tape
- Large print textbooks
- Braille textbooks
- Medication for ADHD
- Psychotherapy
- Sign language interpreter
- Personal assistant

**Accommodations:**

- Use of tape recorder
- Extended time on tests or assignments
- Provision of private testing room
- Special seating arrangement
- Special chair or desk/table requirements
- Special lighting
- Adaptive technology
- Other

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**Are you a client with any Virginia State Agency?**

(DRS, DBVI, VDDHH, Mental Health) Yes \_\_\_\_\_ No \_\_\_\_\_

Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of caseworker or counselor:**

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The ESCC Disabilities Coordinator has my written permission to discuss my accommodations, as necessary, with ESCC faculty and other appropriate college professionals, as necessary. A separate "Release of Information Form" must be obtained to discuss my accommodations with any agency, office, department or other service provider including a counselor, caseworker, physician, or psychiatrist.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_