



Century College Access Center Disability Services  
Intake Form

<b>Name</b>	<b>Pronouns</b>
<b>Today's Date</b>	<b>Student ID or Star ID</b>
<b>Cell Phone Number</b>	<b>Home Phone Number</b>

<b>Mailing Address</b>
<b>City, State, Zip</b>
<b>Email Address</b>

<b>Degree/Diploma/ Certificate Program of Study</b>
<b>Do you plan to transfer after you complete your degree?</b>

**Disability** (Please check all that apply)

- ADD or ADHD
- Autism Spectrum Disorder
- Hearing Impairment
- Visual Impairment
- Speech Disability
- Mobility Impairment
- Traumatic Brain Injury
- Systemic Impairment (example: epilepsy)
- Learning Disability
- Mental Health Disability (Specify below)
- Other (Specify below)

If you selected Mental Health Disability or Other, please specify below.

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**Identify difficulties you experience due to your disability? How does the disability affect your ability to participate and learn in an academic setting?**

Example: Difficulty sitting for long periods or focusing on content being taught

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**What kinds of accommodations have you used in high school or previous school(s)?**

- |  |  |
|--|--|
| <input type="checkbox"/> Extended Testing Time                   | <input type="checkbox"/> Test Scribe           |
| <input type="checkbox"/> Limited Distraction Testing Environment | <input type="checkbox"/> Notetaking Assistance |
| <input type="checkbox"/> Audio Tests                             | <input type="checkbox"/> Reserved Seating      |
| <input type="checkbox"/> Audio Books                             | <input type="checkbox"/> Assistive Technology  |
| <input type="checkbox"/> Adaptive Furniture                      | <input type="checkbox"/> Other (Specify below) |

If you selected other, please specify your needs below:

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**Accommodations currently needed:**

- |  |  |
|--|--|
| <input type="checkbox"/> Extended Testing Time                   | <input type="checkbox"/> Test Scribe           |
| <input type="checkbox"/> Limited Distraction Testing Environment | <input type="checkbox"/> Notetaking Assistance |
| <input type="checkbox"/> Audio Tests                             | <input type="checkbox"/> Reserved Seating      |
| <input type="checkbox"/> Audio Books                             | <input type="checkbox"/> Assistive Technology  |
| <input type="checkbox"/> Adaptive Furniture                      | <input type="checkbox"/> Other (Specify below) |

If you selected other, please specify your needs below:

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**Do you use any additional support services?**

- YES  NO

Examples: Vocational Rehabilitation Services, State Services for the Blind, psychologist, psychiatrist, private sources

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**Do you have any medical concerns or are you taking medication, which might affect your attendance or performance in college?**

YES  NO

Example: Medication with a side effect of drowsiness or nausea

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**Have you ever been hospitalized due to your disability?**

YES  NO

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**What type of learner are you?**

Please check all that apply.

Visual

Auditory

Hands-on

**What type of learning environments are best for you?**

Traditional/Lecture

Self-Paced

Online

Interactive/Hands-on

**Which of the following do you have difficulty with? (Check all that apply)**

Taking Notes

Spelling

Memorization

Finishing tests in a timely manner

Managing time

Math word problems and/or calculations

Reading comprehension

Being and/or staying motivated

Following directions

**How did you learn about the Access Center?**

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