Disability Resources for Students Office

Student Intake Information

Today's Date _____

First Name	Middle Initial	Last Name
CPTC Student ID #		Phone (Okay to leave message? (circle one) Yes No
Date of Birth (mm/dd/yy)		E-mail Address @student.cptc.edu

Disability Information

Briefly describe any challenges or barriers you face that you feel may impact your education:

_____

_____

_____

_____

_____

_____

_____

Please list any current medication and side effects that could affect your academic success:

Please indicate your disability/ies or health condition (s): MARK ALL THAT APPLY & include diagnosis date (if known)

Sensory	Learning	Speech or Language
☐ Hard of Hearing	☐ ADD/ADHD	☐ Apraxia
☐ Deaf	☐ Specific Learning Disability	☐ Dysarthia
☐ Vision Loss or Blind (circle one)	_____	☐ Aphasia
☐ Blind	☐ Other	☐ Other
☐ Sensory Processing Issues	_____	_____

Psychological/Emotional	Mobility	Neurological
☐ Anxiety Disorder	☐ Cerebral Palsy	☐ Autism Spectrum
☐ Bipolar Disorder	☐ Spinal Cord Injury	☐ Traumatic Brain Injury
☐ Mood Disorder	☐ Multiple Sclerosis	☐ Seziure Disorder
☐ Post-Traumatic Stress	☐ Other	☐ Tourette's
☐ Schizophrenia	_____	☐ Other

Chronic or Acute Conditions		Other, please describe
☐ Cancer	☐ Diabetes	_____
☐ Fibromyalgia	☐ Chronic Fatigue Syndrome	_____
☐ Immune disorder	☐ Cardiac/Cardiovascular	_____
☐ Arthritis	☐ Asthma or Pulmonary	_____

Please mark all applicable areas that are affected by your disability/ites or health condition

Confidential

☐ Reading ☐ Writing Papers ☐ Handwriting/Fine motor skills ☐ Computer Keyboarding ☐ Use of computer screen ☐ Information processing ☐ Memory/Information recall ☐ Reasoning ☐ Math/Numerical logic	☐ Attention/Concentration ☐ Organization ☐ Sitting ☐ Standing ☐ Class Participation ☐ Group participation ☐ Emotional management ☐ Endurance	☐ Activity restrictions (For example: heavy lifting, walking, standing) _____ _____ ☐ Other _____ ☐ Other _____

What classroom/academic or workplace adjustments/accommodations have you had in the past?

General Questions & Other Information

How did you hear about Disability Resources?

What is your educational goal?

Are you enrolled in a specific program? If so, which one?

Is there anything else you would like to make DRS aware of concerning your medical status and/or educational goals?

Mark all that apply to you, if any:	**Mark all that apply to you, if any:**
☐ Veteran	☐ Client of Division of Vocational Rehabilitation (DVR)
☐ Active Military	☐ Client of Division of Social & Health Services (DSHS)
☐ Running Start	☐ Client of Division of Labor & Industries (L&I)
☐ Adult Basic Education	☐ Client of Departmant of Services for the Blind (DSB)
☐ English Language Program	☐ Other _____

If approved for services:

- I understand that students who receive reasonable accommodations for disability must meet essential academic and conduct standards. CPTC's academic and conduct standards can be found online.
- I am aware that my rights and responsibilities are outlined on the DRS page on CPTC's website.
- I understand that it is my responsibility to discuss questions or concerns I have regarding accommodations with DRS in a timely manner.
- I give DRS permission to discuss this information, my accommodations, and other relevant information with faculty, advisors, administrators and/or staff to further my educational goals. I understand DRS will enter my disability status in the Student Management System for confidential statistical purposes.

Student Signature: _____ **Date:** _____