

DISABILITY RESOURCES INTAKE FORM

Name: _____ Address: _____

Student ID: _____

Advisor: _____ Phone: _____

Semester: _____ Email: _____

Are you an athlete? Yes___ No___ If yes, what sport? _____

Do you live on campus? Yes___ No___ If yes, where? _____

What do you feel are your greatest challenges in a school setting?

What accommodations would you like to request which have worked for you in the past?

Who, if anyone, may I discuss your information with?

Name: _____ Relationship to you: _____

Form continues on back



I understand and agree to the following:

- I will meet with the Director of Student Success each semester to re-sign my intake form and re-assess my accommodations.
- I will communicate with the Director of Student Success on a consistent basis and will alert her immediately should a conflict arise.
- I will communicate with my professors any needs/concerns regarding my accommodations.
- Absences are not approved accommodations. I am still expected to attend class consistently, complete work on time, and alert my professors if I must be absent.
- If I submitted an IEP as documentation, I may present adult-normed testing documentation before starting my second year at Averett in order to continue receiving accommodations.
- If there is any change in my eligibility or status regarding my disability, I am responsible to alert the Director of Student Success as soon as possible.
- If changes are needed on my plan, I will give a two weeks' notice.

I understand that the following accommodations have been approved:

I attest that I have fully read the form and have filled it out truthfully, to the best of my knowledge.

Student Signature: _____ Date: _____

Director of Student
Success Signature: _____ Date: _____

Office Use Only:

Documentation Received

Date Received: _____