



STUDENT INTAKE FORM

Name: _____ First M.I. Last
S#: S _____ Phone #: _____
Email: _____ @student.cccs.edu Your official CCD email account is the only email CCD will accept for correspondence. <i>I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.</i>
Student: _____ Print Name Signature Date

SEMESTER ENROLLING:

MAJOR:

HOME ADDRESS:

ALTERNATE EMAIL:

ALTERNATE PHONE NUMBER(S): HOME () CELL ():

GENDER: M F

DATE OF BIRTH:

DISABILITY:

YEAR DISABILITY BEGAN/DIAGNOSED:

OTHER IMPAIRMENTS AND/OR HEALTH CONCERNS:

HOW DID YOU FIRST HEAR ABOUT THE ACCESSIBILITY CENTER?

STUDENT INTERVIEW AND ASSESSMENT FORM

TELL ME ABOUT YOUR HEALTH

Good Fair Poor

Documentation Received During Intake:

Requested Documentation:

DO YOU HAVE DIFFICULTIES IN ANY OF THESE "MAJOR LIFE ACTIVITIES":

- | | |
|--|--|
| <input type="checkbox"/> Caring for Yourself | <input type="checkbox"/> Performing manual tasks |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Working |

TELL US MORE ABOUT YOUR CHALLENGES RELATED TO ATTENDING COLLEGE:

ARE YOU CURRENTLY EMPLOYED?

Yes

No

(If yes, list job

duties):

TELL ME ABOUT YOUR EDUCATIONAL EXPERIENCES:

DID YOU HAVE PROBLEMS LEARNING IN SCHOOL? Yes No

WHICH OF THE FOLLOWING WAYS DO YOU BEST LEARN INFORMATION:

Auditory (listening)

Visual (seeing)

Kinesthetic (doing)

Reading out loud

WHAT ASSISTANCE DID YOU RECEIVE THAT HELPED YOU TO BE SUCCESSFUL IN OTHER ACADEMIC SETTINGS?

STUDENT INTERVIEW AND ASSESSMENT FORM

HOW WOULD YOU DESCRIBE YOUR READING AND WRITING SKILLS?

HOW WOULD YOU DESCRIBE YOUR MATH SKILLS?

HOW DOES YOUR DISABILITY AFFECT YOUR LEARNING?

HAVE YOU BEEN APPROVED FOR FINANCIAL AID? Yes No

ARE YOU WORKING WITH ANY OTHER AGENCIES (SUCH AS DVR, CLE, MHCD, CHERRY CREEK TRANSITIONS)? Yes No

ARE YOU WORKING WITH OTHER CAMPUS AGENCIES OR ORGANIZATIONS HERE AT CCD (SUCH AS TRIO, STUDENT LIFE, ETC.)? Yes No

ATTENDING CCD FOR: Certificate Degree Individual Class/Classes

CURRENTLY ATTENDING: METRO UCD Another College or University

WHAT ARE YOUR EDUCATIONAL GOALS?

EMERGENCY CONTACT PERSON

NAME:

HOME PHONE ()

WORK/CELL PHONE ():

I give my permission to CPD to contact the person listed above –

Student: _____

Signature

Date

I. FUNCTIONAL ABILITIES:

A. PLEASE MARK THE FOLLOWING AS (D) – DIFFICULT OR (E) – EASY:

- | D | E | | D | E | |
|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Paying attention in class | <input type="checkbox"/> | <input type="checkbox"/> | Doing math word problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Doing math calculations | <input type="checkbox"/> | <input type="checkbox"/> | Completing assignments |
| <input type="checkbox"/> | <input type="checkbox"/> | Memorizing | <input type="checkbox"/> | <input type="checkbox"/> | Finishing tests on-time |
| <input type="checkbox"/> | <input type="checkbox"/> | Proofreading | <input type="checkbox"/> | <input type="checkbox"/> | Managing Time |
| <input type="checkbox"/> | <input type="checkbox"/> | Reading at a fast pace | <input type="checkbox"/> | <input type="checkbox"/> | Understanding what you've read |
| <input type="checkbox"/> | <input type="checkbox"/> | Following directions | <input type="checkbox"/> | <input type="checkbox"/> | Being motivated |
| <input type="checkbox"/> | <input type="checkbox"/> | Putting thoughts into words | <input type="checkbox"/> | <input type="checkbox"/> | Spelling |
| <input type="checkbox"/> | <input type="checkbox"/> | Taking notes | | | |

STUDENT INTERVIEW AND ASSESSMENT FORM

WHAT ASSISTIVE TECHNOLOGY DO YOU CURRENTLY USE (SUCH AS DRAGON NATURALLY SPEAKING, INSPIRATION, KURZWEIL, WYNN, INTELLIKEYS, JAWS, WINDOW EYES, ZOOM TEXT)?

DO YOU USE A COMPUTER? Yes No
(If yes, how proficient are you in using it for college work?)

HOW COMFORTABLE ARE YOU TALKING WITH YOUR INSTRUCTORS ABOUT SOME OF THE ACCOMMODATIONS THAT YOU MAY BE USING IN HIS/HER CLASS?

ACCOMMODATIONS DISCUSSED AND POSSIBLE RECOMMENDATIONS:

ASSESSMENT COMPLETED BY:

RESULTS OF ASSESSMENT: (DEMEANOR OF STUDENT, ANYTHING THAT STANDS OUT ABOUT BEHAVIOR, ATTITUDE, OR EMOTIONAL STATE THAT YOU'VE OBSERVED):
