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Accommodative Services Intake form

Personal Information <i>(I</i> Name (First, MI, Last):	Please Print)		
	Phone ()		
Alternate Phone			
Address: (street, city, state	and zip code):		
	s:		
Rhodes State ID Number: F	R		
Emergency Contact			
Name	Relationship		
Phone			
Academic Information Please check the appropriat	te item and fill in the requested information.		
New Student	Anticipated Enrollment (Circle): Fall Spring Summer		
Current Student	Major		
PSEOP Student	Current High School Attended		
Transfer Student	Previous College(s) Attended		
Transient Student	Previous College(s) Attended		
Disability Information			
Check all that apply:			
☐ Asperger's/Autism	☐ Mobility impairment		
☐ Brain injury	 Psychological or Emotional disability 		
Deaf or Hearing Impaire			
Learning disability/ADH	•		
 Medical impairment 	□ Other		

Revised: July 2013



Please circle the following areas where you feel you experience the greatest barriers/challenges to achieving your academic goals *?

academic godis :				
Taking Tests	Multiple Choice Essay	Reading questions	Writing out answers	Finishing on time
In Classes	Listening	Note-Taking	Sitting Focusing	Speaking
Class Assignments	Papers	Presentations	Group projects	Lab projects
Homework	Reading Comprehension	Writing	Research	Short-term memory
Under Time Constraints	Time Management	Short-term deadlines	Long-term assignments	Feeling anxious
Other Times	Social Interactions	Computer use	Campus Activities	Other (please explain)

^{*}I understand that this is an assessment tool and though these are areas of challenge, Accommodative Services may not grant accommodations that compromise the essential requirements of a course, program, job, activity, or facility or fundamentally alters a program.

Additional Information:

I understand that my completing this form is only the initial step in the accommodation process. My request for accommodations will be reviewed and approved based upon needs evident in the interview and any documentation I have provided. I understand that admission to Rhodes State College is a separate process. I authorize Accommodative Services to contact my diagnosing professional to clarify any questions regarding my documentation. I understand that submitting this form does not automatically qualify me for accommodations. I understand I will not be eligible to receive accommodative services until all required documentation is provided.

Please sign at the conclusion of your appointment.		
Student Signature	Date	
, ,	ty and is compliant with the Health Insurance Portability and Accountability Act [HIPAA] of mile transmittals and records are stored in a secure location and reviewed only by authoriz	