



Student Intake Summary
Disability Access Center

DATE: ____ / ____ / ____

Soc. Sec.:	PS ID#:
Name:	Date of Birth: ____ / ____ / ____ Gender: (circle one) M F
Address:	Home Phone:
City, State, Zip:	Work / Cell Phone:
E-mail:	
High School attended:	Graduated: Yes ____ Date ____ / ____ / ____ No ____
DRS (DORS/ORS) Counselor/Office:	
Disability:	
Student Signature:	
Intake completed by: (DAC staff)	

For Office use only

Documentation:	
Submitted: _____	Requested: ____ / ____ / ____ Received: ____ / ____ / ____
Reviewed by (DAC Staff): _____	
Career: _____	(see code below)
Credit _____	Adaptive Equipment: TR LP B J FM
Adult Education _____	Support Staff: NT R S I
Continuing Education _____	Testing: EX1 _____% EX2 _____% Q
	Other:

Narrative: How does the disability affect academic studies? What types of support services were previously received?

B=braille **EV**=evacuation assistance **EX1**=extended time on tests/quizzes **EX2**=extended time on in-class assignments
FM=FM system **I**=interpreter **J**=Jaws **LP**=large print **NT**=note taker **Q**=quiet (separate) testing area **R**=reader **S**=scribe
TR=tape recorder