



**Intake Form**

During your first appointment, you will have the opportunity to discuss your goals and concerns regarding your accommodations with a staff member. Together, you will determine what services will be most effective for you based on your documentation and needs. Please complete this form (prior to your first meeting) with as much detail as possible so that we may best accommodate you.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I: \_\_\_\_\_  
Preferred name \_\_\_\_\_ UTPB ID#: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Other phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Veteran? \_\_\_\_\_  
Major \_\_\_\_\_ Academic advisor \_\_\_\_\_

**Visit Information:**

How were you referred to this office?

Briefly describe what brought you here today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disability Information** (check all that apply)

<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Manual/Mobility impairment
<input type="checkbox"/> Asperger's/Autism	<input type="checkbox"/> Psychological/emotional disability	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Traumatic brain injury	<input type="checkbox"/> Other health impaired
<input type="checkbox"/> Neurological condition		

Please describe your disability and how it affects you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current emergency medications (and dosage if any), if needed

\_\_\_\_\_  
\_\_\_\_\_



---

**Office of ADA for Students**

---

Have you ever received accommodations from another school?

No

Yes; Please specify the school, accommodations, and when you received them:

---

---

---

When was the most recent evaluation of your condition and who conducted the evaluation?

---

---

---

**Academic Information**

Describe how your disability currently affects your academic life. In which courses are you usually most successful? Which give you more difficulty?

---

---

---

---

Which aspects of learning do you find the most challenging, (e.g., reading, paper writing, organization, note taking)?

---

---

---

Please list any resources you have utilized, such as the Success Center, writing center, or others:

---

---

**Accommodations Requested**

Please list the accommodations that you feel are necessary to allow you to access our curriculum. Please describe how each accommodation relates to your disability:

---

---

---

Do you or have you used any adaptive technology or devices? If so, please describe what has been the most helpful:

---

---

---