



## DISABILITY SERVICES INTAKE FORM

This form is to be completed by the student only – if assistance is needed, please ask a Disability Services Staff to help. Fill out the form as completely as possible prior to your scheduled meeting with a Disability Services Counselor.

### Applicant Information

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Date of Application: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Referred to Disability Services by: \_\_\_\_\_

### Employment/Career Information

Are you currently working? \_\_\_ yes \_\_\_ no If yes, how many hours per week: \_\_\_\_\_

Where and What kind of work do you do?

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

What other jobs have you held? (Where and for how long?) \_\_\_\_\_

Disability Services Director- Angela Adams, office 317-917-3860, aadams@martin.edu

Disability Services Staff- Jawann Johnson, Office 317-917-3626, jdjohnsom@martin.edu



What are your career goals?

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Are you a Veteran of the U.S. Armed Forces?  yes  no

### Family/Social Information

How would you rank your family/social support? (check one)

Excellent  Good  Fair  Poor

Is there a history of medical conditions in your family?  yes  no

If yes, specify:

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### Medical History

Declared Disability (mark all that apply and specify below if requested)

ADHD

Autism Spectrum Disorder

Learning Disability (Specify)

Blind

Visual Impairment (Specify)

Traumatic Brain Injury

Psychiatric Disability (Specify)

Intellectual Disability

Speech Impairment

Health Impairment (Specify)

Orthopedic Impairment (Specify)

Deaf

Hard-of-Hearing

Other – Specify: \_\_\_\_\_

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Describe your disability and how it affects your performance as a student.

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Do you have any long-term medical problems or history of serious illnesses/injuries? Yes/ No  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

How would you rate your general health? (mark one) \_\_ Excellent \_\_ Good \_\_ Fair \_\_ Poor

\_\_\_\_\_

### **Educational Background**

What is the highest level of education/grade you have completed? \_\_\_\_\_

Name of High School: \_\_\_\_\_ Years attended: \_\_\_\_\_

High School Diploma

GED – Where? \_\_\_\_\_

When? \_\_\_\_\_

Did not complete high school \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you have an IEP or 504 Plan in high school? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any accommodations and/or adaptive technology you used in high school:

\_\_\_\_\_

### **Martin University Information**

Are you currently taking classes at MU? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, which classes(es) \_\_\_\_\_

\_\_\_\_\_

If no, when do you plan to start classes and at which campus(es)? \_\_\_\_\_

\_\_\_\_\_



Have you ever attended another college or university? \_\_\_\_ yes \_\_\_\_ no

Where? \_\_\_\_\_ When? \_\_\_\_\_

Did you receive accommodations? \_\_\_\_ yes \_\_\_\_ no

If yes, please list: \_\_\_\_\_

### **Academic Strengths & Weaknesses**

What type of learner are you? \_\_\_\_ Visual \_\_\_\_ Auditory \_\_\_\_ Hands-on

What type of learning environment is best for you?

\_\_\_\_ Traditional/lecture \_\_\_\_ Online \_\_\_\_ Self-paced \_\_\_\_ Interactive/hands-on

How would you describe your study habits?

\_\_\_\_ Terrible \_\_\_\_ Poor \_\_\_\_ Average \_\_\_\_ Good \_\_\_\_ Very good \_\_\_\_ Excellent

How much time do you devote to studying each day? \_\_\_\_\_

Do you consider yourself a “morning person”? \_\_\_\_ yes \_\_\_\_ no

What time of day are you most focused and productive? \_\_\_\_\_

What are your easiest subjects? \_\_\_\_\_

Hardest? \_\_\_\_\_

Which of the following do you have difficulty doing? (check all that apply)

- |                           |                             |              |
|---------------------------|-----------------------------|--------------|
| Paying attention in class | Doing math calculations     | Proofreading |
| Completing assignments    | Doing math word problems    |              |
| Taking notes              | Following directions        |              |
| Memorizing                | Spelling                    |              |
| Managing time             | Finishing test on time      |              |
| Reading at a good rate    | Putting thoughts into words |              |
| Understanding what I read | Being motivated             |              |

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**Accommodation Requests** (Specify below)

Note: Accommodations are approved based on the supporting documentation you provide and an intake interview with a Disability Services Counselor.

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**BRING THIS FORM TO YOUR INTAKE APPOINTMENT WITH YOUR  
DISABILITY SERVICES COUNSELOR.**

My signature below affirms that I am registering with Martin University Disability Services as a student with a disability as defined by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. I understand that despite my disability, \_\_\_\_\_

(Print your name). I must meet the minimum/technical standards as set forth by my program of study and the classes I take with or without accommodations. \_\_\_\_\_

(print your name) I am responsible for following the College's policies and the RCCC Student Code of Conduct found in the College Catalog and online. If you need a copy, please ask your counselor. \_\_\_\_\_ (Print your name) I need to meet with my

Disability Services Counselor early in the term to get my Accommodation Notification Forms to give to my instructor(s). \_\_\_\_\_

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I need to meet with my instructor(s) to discuss my accommodations.

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Student Signature Date \_\_\_\_\_

Legal Guardian Signature (if necessary) Date \_\_\_\_\_

Any complaints about accommodations should be submitted to the Disability Staff by email or calling.

Disability Services Director- Angela Adams, office 317-917-3860

[aadams@martin.edu](mailto:aadams@martin.edu)

Disability Services Staff- Jawann Johnson, Office 317-917

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