



## **Student Intake Form**

*Please note that all information shared is voluntary.*

Date: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

WSU Email: \_\_\_\_\_

Are you a commuter? YES/NO

Are you a transfer student? YES/NO

Are you a Veteran? YES/NO

How were you referred: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

### **What is your Academic Program?** (Select One)

Undergraduate

Graduate

Adult (older) Learner

Dual Enrollment

Non-Matriculated

### **Diagnoses for which you are requesting accommodations. Please check all that apply:**

\_\_\_\_\_ ADD/ADHD/LD

\_\_\_\_\_ Traumatic Brain Injury (TBI)

\_\_\_\_\_ Autism Spectrum Disorder

\_\_\_\_\_ Psychiatric

\_\_\_\_\_ Chronic Illness

\_\_\_\_\_ Mobility Impairment

\_\_\_\_\_ Deaf or Hard of Hearing

\_\_\_\_\_ Visual Impairment

\_\_\_\_\_ Temporary

**Please provide a brief description of your diagnoses and how they impact you:**

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**Have you accessed accommodations previously?** (either in high school or college) \_\_\_\_\_

*Please provide a list of accommodations you are requesting at WSU, as well as rationale for each:*

<i>Example: Extended Time for Exams</i>	<i>Low processing speed</i>

**STUDENT REQUEST FOR SERVICES AND PERMISSION FOR RELEASE OF INFORMATION**

**Please initial after each item to which you agree.**

- I give permission for Student Accessibility Services and Worcester State University faculty members, administrators and staff to interact and discuss information relating to my need for reasonable accommodations at Worcester State University. \_\_\_\_\_
- This release will be considered valid throughout my entire enrollment at Worcester State University. I may revoke or modify this release at any time. \_\_\_\_\_
- I authorize SAS to discuss and share information related to my disability and needs, in addition to academic accommodations and support services that I receive from SAS, *with my parent(s) or guardian(s)* for the purpose of assisting me in achieving my academic goals. \_\_\_\_\_
  - Parent/Guardian Name: \_\_\_\_\_
  - Parent/Guardian Phone Number: \_\_\_\_\_
- If any restrictions or exceptions apply to this authorization, please list below:

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
WSU ID#

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

\_\_\_\_\_  
Date