



DISABILITY SERVICES INTAKE FORM

Student Name: _____

Address: _____

Student Phone: _____ Emergency Contact: _____

Have you ever received disability accommodations in the past? ___ Yes ___ No

If "Yes," please describe where and describe the accommodations, you received: _____

What accommodations do you believe would be helpful to you in your studies at Lander University?

Release of Information

I authorize the Disability Services Staff to receive information and release information to the following persons:

Faculty/Staff (The staff of the Wellness Center will only discuss my accommodations and/or disability-related challenges, and will not discuss the nature of my disability with faculty/staff without prior consent.)

Other: _____
Name and Phone Number

Qualified Professional: _____
Name and Phone Number

*Expiration Date of Release: **Four Years from date on this release***

My request for accommodations will be complete and reviewed only after submission of the Disability Services Intake Form, documentation, and completion of initial interview. I will be notified of the decision regarding accommodations in writing.

Student Signature

Date

Disability Services Signature

Date

Academic Challenges (check all that apply)

READING..... Poor phonics

- Slow reading rate
- Understanding what I read
- Difficulty finding important points or main ideas
- Confusion between similar words
- Remembering what I read

WRITING..... Frequent spelling errors

- Letter reversals
- Overly large handwriting
- Slow writing rate
- Problems with capitalization, punctuation, and grammar
- Difficulty copying from board
- Poorly formed letters or difficulty with spacing
- Writing lacking organization and development of ideas

MATH..... Problems remembering math facts

- Difficulty recalling arithmetic operations
- Problems with reasoning and abstract concepts
- Confusion or reversal of numbers, number sequences or math symbols
- Difficulty reading or understanding word problems
- Copying problems from the board
- Difficulty keeping columns of numbers in line
- Completing homework independently
- Taking tests

SPOKEN LANGUAGE

- Remembering or understanding oral instructions
- Difficulty expressing ideas or thoughts out loud
- Problems describing events or stories in proper sequence
- Not comfortable speaking in class

STUDY SKILLS Poor organization skills

- Poor time management of skills
- Difficulty beginning projects
- Difficulty completing projects and papers by due date
- Poor note taking skills
- Problems finding and using information from different sources
- Test anxiety
- Poor recall of studied material
- Problems with attention and concentration

SOCIAL SKILLS Difficulty “reading” other people - body language and facial expressions

- Problems interpreting or understanding subtle messages such as sarcasm, teasing, banter, or jokes
- Confusion relating to time, directions or visual motor coordination
- Inability to perform well at sports or games
- Poor judgment leading to behavioral problems
- Feelings of rejection due to learning problems
- Talking out of turn or too loudly

