



Disability Resources for Students Office

Intake Form Code _____

Today's Date	CPTC Student ID#	Date of Birth (mm/dd/yyyy)	
Student's Last Name:	First Name:	Middle Initial:	
Address:	City:	Zip:	
Phone:	Alternate Phone:		

Yes No Is it okay to leave a message?

What is your educational goal? _____

Disability Information

Briefly describe your disability and how it may impact your education:

Please list any **current medication** and side effects that could affect your academic success

Release of Information/Confidentiality/Affidavit

DRS keeps a record of disability documentation. DRS endeavors to ensure that disability-related documents are kept confidential and shared with college personnel on a limited and need-to-know basis only. Your academic information cannot be released to anyone not employed by CPTC without your signed permission on a FERPA release form available at Enrollment Services. There are special circumstances under which the agreement of confidentiality may be broken:

- When a student discloses possible abuse or neglect of a child or incapacitated adult.
- When a student discloses that s/he is a threat to self or others.
- When a student discloses that s/he has experienced discrimination and/or retaliation in violation of Title IX
- When a student's records are legally subpoenaed.

My signature below denotes the information provided on this form is to the best of my knowledge, accurate and true, and that I understand the exceptions to confidentiality.

Student Signature: _____ Date: _____

DRS Coordinator: _____ Date: _____

Accommodation (Auxiliary Aids & Services) Plan

To be completed by DRS Coordinator

Summary of available documentation:

Assistive Technology/Media <input type="checkbox"/> FM system <input type="checkbox"/> DNS <input type="checkbox"/> JAWS <input type="checkbox"/> ZoomText <input type="checkbox"/> DragonSpeak <input type="checkbox"/> CC-TV <input type="checkbox"/> Other	Testing
Axis II	
Axis III	
Axis IV	
Axis V	

Impact on Major Life Activities: Please check all that apply

Activity	Mild	Mod	Severe	Other		
Breathing				Chronic Pain		Easily Fatigued
Paying Attention				Anxiety		Easily Overwhelmed
Interacting				Panic Attacks		Impulsive
Processing				Agoraphobia		Easily Distracted
Reading				Other:		
Remembering						
Self-Care						
Sitting						
Standing/Walking						
Speaking						
Writing/Fine Motor Skills						
Hearing				db loss:	Left _____	Right _____
				Comments:		
Vision				Visual Acuity	Left _____	Right _____
				Field	Left _____	Right _____
				Comments:		
Date:	Accommodation Approved					