Disability Resources for Students Office

Student Intake Information

Program ______________________ Today's Date ______________________

First Name	Middle Initial	Last Name
CPTC Student ID #		Phone (Okay to leave message? (circle one) Yes No
Date of Birth (mm/dd/yy)		E-mail Address @students.cptc.edu

Disability Information

Briefly describe any challenges or barriers you face that you feel may impact your education:

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

Please indicate your disability/ies or health condition (s): MARK ALL THAT APPLY & include diagnosis date (if known)

Sensory	Learning	Speech or Language
☐ Hard of Hearing	☐ ADHD	☐ Apraxia
☐ Deaf	☐ Specific Learning Disability	☐ Dysarthia
☐ Vision Loss or Blind (circle one)	______________________	☐ Aphasia
☐ Blind	☐ Other	☐ Other
☐ Sensory Processing Issues	______________________	______________________
Psychological/Emotional	**Mobility**	**Neurological**
☐ Anxiety Disorder	☐ Cerebral Palsy	☐ Autism Spectrum
☐ Bipolar Disorder	☐ Spinal Cord Injury	☐ Traumatic Brain Injury
☐ Mood Disorder	☐ Multiple Sclerosis	☐ Seziure Disorder
☐ Post-Traumatic Stress	☐ Other	☐ Tourette's
☐ Schizophrenia	______________________	☐ Other
Chronic or Acute Conditions		**Other, please describe**
☐ Cancer	☐ Diabetes	______________________
☐ Fibromyalgia	☐ Chronic Fatigue Syndrome	______________________
☐ Immune disorder	☐ Cardiac/Cardiovascular	______________________
☐ Arthritis	☐ Asthma or Pulmonary	______________________

Confidential

Please mark all applicable areas that are affected by your disability/ites or health condition		
☐ Reading	☐ Attention/Concentration	☐ Activity restrictions (For example: heavy lifting, walking, standing)
☐ Writing Papers	☐ Organization	
☐ Handwriting/Fine motor skills	☐ Sitting	
☐ Computer Keyboarding	☐ Standing	
☐ Use of computer screen	☐ Class Participation	
☐ Information processing	☐ Group participation	☐ Other
☐ Memory/Information recall	☐ Emotional management	
☐ Reasoning	☐ Endurance	☐ Other
☐ Math/Numerical logic		

What classroom/academic or workplace adjustments/accommodations have you had in the past?

General Questions & Other Information

How did you hear about Disability Resources?

What is your educational goal?

Are you enrolled in a specific program? If so, which one?

Is there anything else you would like to make DRS aware of concerning your medical status and/or educational goals?

Mark all that apply to you, if any:	**Mark all that apply to you, if any:**
☐ Veteran	☐ Client of Division of Vocational Rehabilitation (DVR)
☐ Active Military	☐ Client of Division of Social & Health Services (DSHS)
☐ Running Start	☐ Client of Division of Labor & Industries (L&I)
☐ Adult Basic Education	☐ Client of Departmant of Services for the Blind (DSB)
☐ English Language Program	☐ Other ________________

If approved for services:

- I understand that students who receive reasonable accommodations for disability must meet essential academic and conduct standards. CPTC's academic and conduct standards can be found online.
- I am aware that my rights and responsibilities are outlined on the DRS page on CPTC's website.
- I understand that it is my responsibility to discuss questions or concerns I have regarding accommodations with DRS in a timely manner.
- I give DRS permission to discuss this information, my accommodations, and other relevant information with faculty, advisors, administrators and/or staff to further my educational goals. I understand DRS will enter my disability status in the Student Management System for confidential statistical purposes.

Student Signature: ______________________ **Date:** ______________

Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact Title IX coordinator James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, james.neblett@cptc.edu; or Section 504/ disability coordinator Melissa Medina, Manager of Student Disability Services, 253-589-5755, melissa.medina@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.