



STUDENT INTAKE FORM

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

Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

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

Phone: \_\_\_\_\_ ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Disability:** (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Learning Disability  |
| <input type="checkbox"/> Psychological/Psychiatric Disorder       | <input type="checkbox"/> Blindness/Low Vision |
| <input type="checkbox"/> Medical/Physical Disability              | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Spinal Cord/Traumatic Brain Injury       | <input type="checkbox"/> Speech Disorders     |
| <input type="checkbox"/> Other (please specify): _____            |   |

**Accommodations you would like:** (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Extended test time | <input type="checkbox"/> Test in private                           |
| <input type="checkbox"/> Note taking        | <input type="checkbox"/> Sign language interpreter                 |
| <input type="checkbox"/> Priority seating   | <input type="checkbox"/> Use of laptop / word processor            |
| <input type="checkbox"/> Use of Calculator  | <input type="checkbox"/> Waiver of absence policy (health reasons) |
| <input type="checkbox"/> Print enlargement  | <input type="checkbox"/> Tape record                               |
| <input type="checkbox"/> Test reader/writer | <input type="checkbox"/> Other (please specify): _____             |

**\*Please note: Documentation is very important tool to help us give you the most appropriate accommodations and the documentation you submit should include diagnosis and information to justify each accommodation you are requesting.**

Are you interested in receiving tutoring services at BridgeValley? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, your name and contact information may be shared with our Tutoring Services Office.)

**DESCRIBE THE DIFFICULTIES YOU EXPERIENCE RELATED TO YOUR DISABILITY (i.e., reading, writing, concentration, memory, time management, etc.):** \_\_\_\_\_

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

**PLEASE INDICATE ANY TREATMENT YOU ARE RECEIVING INCLUDING MEDICATIONS:**  
(include medication dosages if known)

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



**Documentation Requirements** If you are seeking classroom accommodations because of a learning disability or cognitive delay; you must submit one or more of the following:

- A high school Individual Education Plan (IEP)
- A 504
- Documentation from doctor

*Documentation submitted from a doctor's office must be typed on letterhead and include the doctor's signature.*

These documents must be prepared by a licensed health professional and must verify the following:

- The nature of the disability
- The functional limitations the disability imposes
- The need for specific accommodations

#### **AUTHORIZATION FOR INFORMATION RELEASE AND CONFIDENTIALITY**

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, provides for the confidentiality of student educational records. BridgeValley Community and Technical College may neither disclose certain educational information concerning students nor permit inspection of their educational records without the permission of the student unless such actions are covered by certain exceptions as stipulated in FERPA.

#### **Please note the following:**

- The Division of Student Services is the College agent charged with the responsibility for collecting and maintaining disability documentation.
- Information provided to the Division of Student Services is kept in a secure file with limited access and is only shared with others with the expressed written permission of the student or as the law permits.
- A confidential file is maintained on each student that includes demographics, documentation of the disability, a record of each contact and action taken.
- Information will only be shared within the institutional community if there is a compelling reason, such as a threat to an individual's safety and/or emergency situation.
- Consent of the student will be requested prior to releasing medical/psychological documentation to a third party or as the law permits.
- Confidentiality is not maintained in the case of child abuse, suicidal or homicidal intent.

I, \_\_\_\_\_ authorize Disability Services at BridgeValley Community and Technical College to release this information to the appropriate faculty and staff members in the coordination of my accommodations at BridgeValley Community and Technical College. I grant permission for Disability Services to obtain a copy of my schedule each semester to receive accommodations. I understand that I need to meet with Disability Services at least once every semester. I fully understand that my records are confidential and can be released to **NO ONE** without my signature of permission or as the law permits. ***(This document is good for five years from the date listed below.)***

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

*Return this form to Division of Student Services – Tammy Bibbee, Disability Services Counselor*