



Disability Support Services Registration and Intake Form

Registration & Intake Form

Last Name:	First Name:	MI:
Today's Date:	Student ID #	Birthdate:
Street Address:		
City:	State:	Zip Code:
Home Phone: (____) _____ - _____	Ivy Tech e-mail:	
Cell Phone: (____) _____ - _____		

Academic Standing

- Not Enrolled
- Re-Admit (Former student that was not enrolled previous semester)
- Pre-College
- College-Level Student
- Courses Only
- Other

If you selected other, please explain:

_____ College Level Credits Completed
 _____ Pre-College Level Credits Completed
 _____ Intended Program of Study

Reason for Visit:

- I have a disability with supported documentation.
- I think I might have a disability.
- I am having academic difficulties.



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If you have a disability or believe you do, please indicate the type below (check all that apply):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Health | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Learning | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Deaf & Blind | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Other Physical | <input type="checkbox"/> Other:
_____ |

Do you require the use of the following?

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessible Parking | <input type="checkbox"/> Interpreters | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Personal Attendant | <input type="checkbox"/> Wheelchair
(please circle one)
manual or motorized |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Other:
_____ |

Medical Diagnosis Details:

Date of onset of disability and/or diagnosis:



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Medications:

Support Services

Please indicate all agencies and/or programs you are currently receiving services from:

<input type="checkbox"/>	Vocational Rehabilitation Counselor Name: _____	Phone: _____
<input type="checkbox"/>	Veteran's Affairs Representative Name: _____	Phone: _____
<input type="checkbox"/>	WorkOne Counselor Name: _____	Phone: _____
<input type="checkbox"/>	Other (please specify): Contact Person: _____	Phone: _____

Please list the classes for which you are seeking accommodation and would like for your faculty member to be notified of your disability.

Course #: _____ Course Title: _____

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Course #: _____ Course Title: _____

Course #: _____ Course Title: _____

Course #: _____ Course Title: _____



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Service History/Requests

Please check/describe any services you have received in the past under "Previously Received." Please check any service that you are requesting at Ivy Tech Community College under "Now Requesting."

	<i>Previously Received</i>	<i>Now Requesting</i>
Test Accommodations		
150% Extended Testing Time		
200% Extended Testing Time		
Scribing of Exams		
Alternative Answer Sheet		
Assistance with Note Taking		
Buddy Notetaker		
In-Class Notetaker		
Audio Format		
Books		
Exams		
Screen Reading Software		
Books		
Exams		
Digital Audio Player		
Magnification Software		
Books		
Exams		
Enlarged Print	_____ %	_____ %
Sign Language Interpreting		
CART (Real Time Captioning)		
Seating Considerations (please provide details)		
Other (please specify):		

Signature

Date

For Office Use Only:

EL INS.DOC. INEL Banner Code: _____

Student Notified FNF prepared; Date: _____ Via: e-mail
 USPS

Disability Support Services
Ivy Hall 1323
(765) 269-5615