Disability Support Services
Registration and Intake Form

Last Name:  
First Name:  
MI:  

Today’s Date:  
Student ID #:  
Birthdate:  

Street Address:  

City:  
State:  
Zip Code:  

Phone Numbers:  
Home Phone:  
(_______)_________ - _________  
Cell Phone:  
(_______)_________ - _________  

E-mail addresses:  
Ivy Tech e-mail: __________________________@ivytech.edu  

Are you planning to transfer?  
Yes  No  
Where? ____________________________  

Placement Test Scores:  
Writing _ _  Math _ _  Reading _ _  

Have you completed the Admission Process?  
Yes  No  

When do you plan on starting classes?  
Spring _ _  Summer _ _  Fall _ _  

Reason for Visit:

☐ I have a disability with supporting documentation.  
☐ I think I might have a disability.  
☐ I am having academic difficulties.  

What is your disability and/or diagnosis? ____________________________  

Date of onset of disability and/or diagnosis: Year __ __ __  Age ___ ___  or Grade ___ __  

☐ I have a disability, and I have documentation with me today.  
☐ I have been diagnosed with a disability, but I do not have documentation with me.  
☐ I think I may have a disability.
Student Consultation

1. Are you currently being treated for your disability? Yes □ No □

2. What outside supports do you have for your disability (medication, counseling, equipment, software, etc.)?

   ____________________________________________________________

   ____________________________________________________________

3. What is the impact of your disability when you are in the academic setting? (testing, lecture, accessing the facility, reading, writing, computer access) etc.

   ____________________________________________________________

   ____________________________________________________________

4. Are there any other limitations/impediments to learning/functioning in an academic setting you may struggle with while being a student at Ivy Tech?

   ____________________________________________________________

   ____________________________________________________________

5. What strategies do you use to retain class information? How do you study and prepare for class?

   ____________________________________________________________

   ____________________________________________________________

NOTES:
Service History

Please check/describe any services you have received in the past and under “Previously Received.” Please check any service that you are requesting in this Ivy Tech Community College region under “Now Requesting.”

<table>
<thead>
<tr>
<th>Previously Received</th>
<th>Now Requesting</th>
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<tbody>
<tr>
<td>Test Accommodations</td>
<td></td>
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<tr>
<td>□ 150% Extended Testing Time</td>
<td>□ 50% Extended Testing Time</td>
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<tr>
<td>□ 200% Extended Testing Time</td>
<td>□ 200% Extended Testing Time</td>
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<tr>
<td>□ Scribing of Exams</td>
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<td>□ Alternative Answer Sheet</td>
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<td>□ Enlarged Print/Font Size:_ _</td>
<td>□ Enlarged Print/Font Size:_ _</td>
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<tr>
<td>□ Audio Exams</td>
<td>□ Audio Exams</td>
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<tr>
<td>Assistance with Note-taking</td>
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<tr>
<td>□ Classmate Buddy Note-taker</td>
<td>□ Classmate Buddy Note-taker</td>
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<tr>
<td>□ Assigned Note-taker</td>
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<td>□ Smart Pen</td>
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<td>□ Digital Audio Recorder</td>
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<tr>
<td>Alternate Format E-books</td>
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<tr>
<td>□ Textbook Format _</td>
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<tr>
<td>Magnification and Screen-Reading Software</td>
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<tr>
<td>□ Computer Lab: _</td>
<td>□ Computer Lab: ___________</td>
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<td>□ Testing: _</td>
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<td>Magnification Equipment</td>
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<td>□ Books _</td>
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<td>□ Exams _</td>
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<tr>
<td>Sign Language Interpreting</td>
<td>□</td>
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<td>CART (Real Time Captioning)</td>
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<td>Seating Considerations</td>
<td>□ Details:</td>
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<td>□ Details: _</td>
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<tr>
<td>Other:</td>
<td>□ Details:</td>
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Reasonable accommodation allows access to full participation in a program/degree. However, reasonable accommodation does not modify any of the requirements for the successful completion of a program/degree.
Release of Information

The following individuals have permission to speak to or correspond with Ivy Tech Community College of Indiana Disability Support Services concerning my disability, academic, and student life. No information will be discussed on the telephone or by e-mail except when communicating with a service provider.*

* A service provider is defined as a professional agency or healthcare organization which provides disability related services.

☐ Ivy Tech Instructors
☐ External Programs (i.e. Vocational Rehabilitation, Textbook Publisher, etc.)
☐ Internal Ivy Tech Programs (i.e. Nina Scholars, Trio, Student Government, Financial Aid, etc.)
☐ Source of Documentation i.e. Medical/Psychological Professional/School or college that provided services in the past

DSS has the right to verify all submitted documentation. An unchecked box will require a written explanation and signature by student.

☐ School staff listed on IEP/Psychological Evaluation/Case Conferences
☐ Family/Guardian/Personal Assistants, Other:

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<th>Name:</th>
<th>Relationship:</th>
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☐ In the event of an emergency, I will need assistance.

I understand this Release of Information is in effect until I notify the Office of Disability Support Services, in writing, of my desire to rescind these permissions.

Student Signature:_________________________________________ Date: __________
Registration with Disability Support Services

Registration with Disability Support Services (DSS) is a separate process from applying for admission to Ivy Tech Community College. In order to be considered for accommodation with Disability Support Services, students must first submit documentation of the disability according to DSS guidelines and meet with a DSS staff member to discuss accommodation requests.

Process for Requesting Accommodations from Disability Support Services

1.) Student makes appointment to meet with DSS representative.
2.) Student completes DSS “Intake Form” with DSS representative.
3.) Student and DSS discuss eligibility under DSS guidelines and discuss accommodations process.
4.) Student provides documentation of disability according to DSS guidelines. Documentation guidelines should be presented to the student’s physician/psychologist. Documentation is returned to DSS in a sealed envelope or sent by fax. DSS has the right to verify all submitted documentation.
5.) Documentation will be reviewed and if determined eligible, student will be required to pick-up an accommodation packet to be presented to his/her faculty. DSS will send an e-mail notification to the student’s Ivy Tech email account, acknowledging eligibility status. Prospective students that do not yet have an Ivy Tech e-mail account will be notified via paper letter sent to their home address.
6.) Student will return a copy of the Faculty Notification Form signed by their faculty member to the DSS office.
7.) Once eligibility is determined, students need only meet with their DSS representative to complete their “Accommodation Request Form” each semester.

I acknowledge the above guideline and I understand that my failure to follow these guidelines may hinder the delivery time of my academic adjustments.

Student Signature: ___________________________ Date: ___________________________