

Intake Application for Accessibility Services

Name: _____ Date of Birth: _____

Shawnee ID: _____ @mymail E-Mail Address: _____

Cell Phone: _____ Home Phone: _____

Permanent Street Address: _____

Permanent City: _____ State: _____ Zip: _____

Where did you attend high-school?: _____

Did you receive special education services in high-school? Yes No

If yes, please include your most recent IEP/504 Plan.

Did you transfer from another college(s) or university? Yes No

If yes, where?: _____

What accommodations were approved?

Have you applied to Shawnee State? Yes No

When do you plan to enter Shawnee State?

Fall _____ Winter _____ Spring _____ Summer _____ Year 20 _____ Current Student _____

What is your intended major? : _____

Please mark ALL that apply: I am requesting accommodations because I am an individual with:

____ Attention Deficit Disorder

____ Psychological Impairment

____ Hearing Impairment

____ Physical/Medical Impairment

____ Mobility Impairment

____ Traumatic Brain Injury/Closed Head

____ Learning Disability

____ Visual Impairment

____ Autism Spectrum Disorder:

____ Other _____

Please list the academic accommodations and services you are requesting.

I have submitted the following documentation to The Office of Accessibility Services:

Student Signature: _____ Date: _____

Coordinator: _____