



Application for Student Disability Services (SDS)

Intake Form

Alternative formats and/or reader or scribes are available upon request

STUDENT INFORMATION

Date: _____ **Referred by:** _____

Name: First: _____ Middle Initial: _____ Last: _____

Preferred name (if different): _____

Pronouns: she/her he/him they/them other: _____

Date of birth: ____/____/____ **CCSU Student ID:** _____ **Blue Net account:** _____

Local /Dorm address: _____

Permanent address: _____

Cell phone: _____ **Home phone:** _____

CCSU email: _____@my.ccsu.edu **Other email:** _____

Emergency Contact Information: Name: _____

Relationship to you: _____ Phone number: _____

Semester standing: Freshman Sophomore Junior Senior
Graduate Student Visiting Student

Are you a transfer student? Yes No

If yes, where did you transfer from? _____

Matriculated: Full time Part-time Non-Matriculated

Declared major: _____

Are you a University athlete? Yes No What team? _____

Are you a military veteran? Yes No Registered with CCSU Veterans Affairs? Yes No

DISABILITY INFORMATION

1. Please describe your documented disability/diagnosis:

2. If known, at what age were you diagnosed? _____

3. Please describe how your disability impacts your ability to function in the following settings:

Academic classroom settings:

Social/Personal/Living environments:

Mobility around community/ activates and/or campus environment :

4. Please explain any current relevant treatments or therapy:

5. Are you a registered with: Department of Rehabilitation Services None
 Bureau of Education and Services for the Blind

6. Please list any other relevant community agency or campus resource(s) that you utilize:

7. **Documentation Requirements:** Documentation of diagnosis from a physician/clinician or from a psycho-educational testing report is necessary to complete the Intake process and approve accommodations. Documentation requirements are different depending on the nature of the disability. Please see Documentation Requirements on the SDS website. Students may upload documentation on Accommodate link, send documentation to office prior to the Intake meeting, or bring documentation to the Intake meeting. We also have a Disability Verification form to guide physicians/clinicians. See SDS Forms.

Accommodation History

1. Did you receive accommodations in High School? Yes No

2. Did you have an IEP or a 504 plan? Yes No

3. Did you receive accommodations at another institution of higher education? Yes No

4. Please list the accommodation/s and/or auxiliary aids/services you have used in the past in high school, or other college's classrooms, or in living or working environments.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

5. Nature of your current accommodation request:

Academic Housing Dietary General Campus Access Other: _____

Semester/ year accommodation is to begin: _____

Confidentiality Statement: Student's SDS paper and electronic information is considered confidential pursuant to FERPA, and is kept secured. Information about disabilities and the use of accommodations is only used to arrange accommodations with other staff and faculty on a need to know basis, and is not recorded on any CCSU school record or transcript. In accordance with FERPA, disability related documents will not be released to persons who are not school officials without written consent of the student, unless a FERPA exemption applies. Students have the right to review the contents of their files with a SDS Disability Specialist. Please complete a Request to Review my Records Form.

Reasonable accommodations will be determined and approved only after an interactive Intake Meeting, or shortly thereafter. Accommodations are based on student self-report and review of appropriate documentation.

I affirm that I have completed this application truthfully and that I have read and understand the confidentiality statement and stated policies and procedures herein.

Student Signature: _____ Date: _____

Please submit this form and contact the SDS office to arrange an Intake Meeting

Willard Hall, Suite W 201, 1615 Stanley Street, New Britain, CT 06050

860-832-1952 Phone

860-832-1865 Fax

E-mail: Disabilityservices@ccsu.edu