

**BRTC DISABILITY SERVICES
INTAKE AND ASSESSMENT FORM**

FORM COMPLETED BY:

Bridget Guess

Date: _____ Student _____ ID # _____

Cell Phone _____ E-MAIL Address _____

Address _____ Degree Plan _____

Doc. Provided: Yes No Add'l Requested Date First Diagnosed _____ Date Last Diagnosed _____

Ethnic Origin: African American Asian/Pacific Islander Caucasian Hispanic/Latino Native American Veteran
 Other _____

Please select your Disability:

ADD/ADHD Chronic/Medical Illness Learning Disability Math Reading Comprehension
 Psychological Impairment Visual Hearing Mobility Physical Major Bodily Function Neurological Disorder
 Other _____

Accommodations for the following semesters: (Circle) Fall Spring SU 1 SU 2 YR 20_____

CONTACT: Telephone Person Student Approval: Yes No Parent Participation Yes No

REGISTRATION PROCESS: New Student Returning Student

Please list all prescribed and non-prescribed medications, and describe the side effects, if any.

Please describe any reasonable classroom accommodations you think you need at BRTC.

Please describe your learning strengths and weaknesses.

Please describe any additional concerns you have or would like to discuss with Disability Services.

Are you taking classes online or CVN? (Circle) Yes No

I understand that this is an intake and assessment form for BRTC Disability Services and does not guarantee accommodations. I also understand that the ADA Coordinator will need proper documentation showing my disability before determining whether or not I am eligible for accommodations. The information submitted to BRTC Disability Services is confidential and will not be shared with anyone outside of the BRTC Disability Services department. I also understand that the admission process to Black River Technical College is a separate process.

I have read and understand the above, and agree to the policy and procedure set forth by BRTC Disability Services and Black River Technical College.

Signature of Student

Date