

Disability Support Services

Student Intake Information

Program:		Today's Date:				
First Name	Middle Int.	Last Name				
ctcLink ID #		Phone # - Okay to Leave Mes Yes No	ssage	e? (Circle One)		
DOB	Bates email ad	ldress				
Disability Information						
Briefly describe any challenges or barriers	you are experie	encing and how these may imp	act y	our education:		
Please list any <u>current</u> medication and pos	ssible side offer	ts that sould affect your acader	mico	THE COSC !		
Please list any <u>current</u> medication and pos	ssible side effec	ts triat could affect your acader	iiiic s	uccess.		
Please mark all applicable areas			or he			
 Reading Writing Papers Handwriting/Fine motor skills Typing on Computer Keyboard Information Processing Memory/Information Recall Critical Thinking Math 	 Organizati Sitting Standing Class Part Group Par 	icipation ticipation I Management		Any Physical Activity Restrictions (e.g. heavy lifting, walking, standing) Other: Other:		

What classroom/academic or workplace adjustments or accommodations have you had in the past?					
Describe what methods or styles of learning have been successful for you generally and/or academically (e.g. visual learning, demonstrations, etc.)					
Ger	neral Questions				
Mark all that apply to you, if any:	☐ Client of Division of Vocational Rehabilitation				
□ Veteran	☐ Client of Department of Social & Health Services				
□ Active Military	☐ Client of Division of Labor & Industries				
☐ Running Start					
What are your academic goals?					
What are some goals or plans you have for when you	u have completed your courses at Bates?				
Lathern and this a place was sould like to usely DCC as					
goals?	vare of concerning your physical/mental health and/or academic				
How did you hear about Disability Support Services (DSS)?					

If approved for services with DSS I agree to the following:

- I understand that students who receive accommodations through DSS must meet essential academic and conduct standards set by Bates Technical College (academic and conduct standards are outlined in student handbook as well as online)
- I am aware that my rights and responsibilities are outlined on the DSS page on the BTC website
- I understand that it is my responsibility to discuss questions or concerns I have regarding accommodations with DSS in a timely manner
- I give DSS permission to discuss information provided in this intake form, my accommodations, and other relevant information with faculty, advisors, administrators and/or staff in order to further my academic goals.
- I understand DSS will record my disability status in an electronic platform for confidential statistical purposes.

Student Signature:	Date:

For DSS Office Only				
W/I	S. A.	Ref.		