

Delta College Disability Services Intake Form

Personal Data:

Name _____ Student # _____

Address _____

City _____ State _____ ZIP Code _____

Date of Birth _____

Home Phone _____ Cell Phone _____

Delta Email Address _____

Academic Data:

Name of high school/City _____

Graduation date _____ Enrolled in: Reg. Ed. ___ Special Ed. ___ Both ___

Have you attended another college or university? ___ Name _____

Have you previously attended Delta College? _____ Year(s) _____

Are you currently enrolled at Delta? _____ Major _____

Have you previously requested services from Disability Services? _____

Disability Data: (check all that apply)

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Vision | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Chronic Medical Condition _____ | | |
| Other _____ | | |

Accommodations: (supporting medical documentation is required)

Do you have written documentation of your disability? ___ Date(s) _____

Accommodations you are considering _____

Concerns you have _____

Signature _____ Date _____

