Delta College Disability Resources Intake Form

Personal Data

Legal name: _____

Preferred name: _____

Preferred pronouns: _____ **Date of birth:** _____

Student ID #: _____ **Delta email:** _____ **@delta.edu**

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary phone: _____ **Secondary phone:** _____

Academic Background

Name of High School/City: _____ **Graduation Year:** _____

Have you attended another college/university? **Name of school:** _____

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

If yes, have you previously requested services from Disability Resources? _____

If yes, please list the services that you have received: _____

_____

What are your educational goals? _____

_____

Employment/Career Information

Are you currently working? _____ **If you, how many hours per week?** _____

Where? _____

What are your career goals? _____

What is your major? _____

Are you a Veteran of the U.S. Armed Forces? _____

Are you related to someone who served in the U.S. Armed Forces? _____

Family/Social Information

Do you have any immediate family member who graduated from a post-secondary institution? _____

_____

How would you rank your family/social support? ☐ **Excellent** ☐ **Good** ☐ **Fair** ☐ **Poor**

Disability Information

Check all that apply

- ❑ ADD/ADHD
- ❑ Autism Spectrum Disorder
- ❑ Intellectual Disability
- ❑ Hearing
- ❑ Substance Use Disorder
- ❑ Specific Learning Disability
  - o Specify _____
- ❑ PTSD
- ❑ Mobility
- ❑ Traumatic Brain Injury
- ❑ Vision
- ❑ Psychiatric Disability
- ❑ Speech Impairment
- ❑ Chronic Medical Condition_____
- ❑ Temporary Medical Condition_____
- ❑ Other_____

How does your disability affect your performance as a student?

_____

_____

_____

In your life, have you experienced traumatic events that affect your performance in the classroom?_____

_____

Do you receive assistance from outside agencies (example: Michigan Rehab Services, Veterans Administration)? If so, who? _____

Are you in Recovery?_____

Are you interested in learning more about support for Substance Use Disorder?_____

Accommodations

Do you have written documentation of your disability? _____

What type of documentation do you have? ___IEP ___504 Plan ___Physician __Psychiatrist/Therapist

In the past, what helped alleviate barriers in the learning environment?

_____

_____

_____

Academic Strengths and Weaknesses

What type of learner are you? ___Visual ___Auditory ___ Hands-On

How would you describe your study habits? ___Poor ___Average ___Good ___Excellent

What time of the day are you most productive? ___Morning ___Afternoon ___Evening

How well do you manage your time? ___Poor ___Average ___Good ___Excellent

How well do you manage your class work and studying? ___Poor ___Average ___Good ___Excellent

How do you organize your class responsibilities? _____

_____

How do you take notes in class? _____

_____

How do you motivate yourself when you are losing energy/motivation? _____

_____

Which of the following do you have difficulty doing? (check all that apply)

- ❑ Paying attention in class
- ❑ Doing math calculations
- ❑ Taking notes
- ❑ Memorizing
- ❑ Following Directions
- ❑ Spelling
- ❑ Finishing test on time
- ❑ Focusing on test
- ❑ Being motivated

Signature: _____ **Date:** _____