OFFICE OF SPECIAL SERVICES

STUDENT INTAKE-INTERVIEW FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Home _____ E-mail: _____

USW Student ID#_____ DOB: _____

University Status	Ethnic Origin	Other Information		
		Marital Status	**Gender**	**Referred By**
____Freshman	___ Asian/Asian American	____ Single	____Female	____Professor
____Sophomore	___ Black/African American	____ Married	____Male	____Admissions
____Junior	___ Caucasian	____Widowed		____Fin. Aid
____Senior	___ Hispanic/Mexican American	____Divorced		____Counseling
____Graduate/Masters	___ Native American	____ Separated		____Self
____Licensure ___	Other: _____	____ Significant other		____Other:
____Non-degree	___International Student			_____
____Prospective				
____ Transfer: _____				

HS Graduate: Yes ___ No ___ Date: _____ School: _____

GED: Yes ___ No ___ Date: _____ School: _____

Disability Information

Are you a student with a disability: ____Yes, diagnosed ____ Suspected, not diagnosed ___No

If yes or suspected, describe the nature of the disability: _____

_____

_____

Describe your health: _____Excellent _____Good _____Fair _____Poor

What prescription medications are you taking or have you taken in the past? _____

_____

How long did/do you expect to take this medicine? _____

Describe any serious physical illness, injuries, or surgeries you have now or had in the past:

_____

_____

Other than exceptions as per Federal Law, State Law, and court orders, this information is confidential.

SPECIAL SERVICES - DISABILITY VERIFICATION

Name: _____ Date: _____

Date of Verification: _____Verified By: _____

Date Diagnosed: _____ By Whom: _____

DSM IV Diagnosis: _____

Physical Diagnosis: _____Learning Disability: _____

List Tests Given and Results: Qualifying Formulas (Multiple Testing Required)

_____
_____
_____
_____
_____
_____

Major Life Activity with which this condition interferes	**Functional Limitation**
_____Manual Tasks	_____Organize/Sequence
_____Walking	_____Easily Distracted
_____ Seeing	_____Poor Concentration
_____Hearing	_____Difficulty Focusing for Extended periods of time
_____ Breathing	_____Difficulty Formulating and executing plan of action
_____ Learning	_____Abstract Thinking
_____ Speaking	_____Panics
_____ Other: _____	_____Other: _____

Recommended Accommodations: As Per Documentation

_____Extended Test Time (1 .5X/2X/Other...depending on the class)
_____Distraction-reduced environment
_____Alternate Chair/Table
_____Note-taking
_____Taped Text books
_____Computer/Word Processing Extended-
_____Time for Assign. Completion Tape
_____Recorder
_____Adaptive Equipment
_____ Interpreter
_____Scribe/Reader
_____Calculator
_____Excessive Absences
_____Preferential Seating
_____Campus Access
_____Tutoring
_____Other: _____

_____

Other than exceptions as per Federal Law, State Law, and court orders, this information is confidential.

_____ _____
Student Signature Director Signature