

**HUDSON COUNTY COMMUNITY COLLEGE**

**Disability Support Services**

**Student Intake Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student I.D. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**DISABILITY INFORMATION**

1. For what diagnosed disability are you seeking disability accommodations?

(check all that apply)

Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity Disorder (ADHD)

Blind / Visual Impairment

Deaf / Hard of Hearing

Health Impairment

Learning Disability (LD)

Mental Health / Psychological / Psychiatric Impairment

Mobility / Physical Impairment

Speech Impairment

Other Impairment (please specify) \_\_\_\_\_

2. When was your disability first identified or diagnosed? \_\_\_\_\_

3. Have you received disability accommodations for this disability in the past?

Yes  No

If yes, where did you receive these accommodations? (check all that apply)

Elementary school

Middle school

High school

Community college

Another university/ 4-year college

4. Please list any medication(s) you currently are taking that **may affect your performance as a student** and the side effects of those medication(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information will be kept confidential by the Disability Support Services Program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disability Support Services Coordinator Signature

\_\_\_\_\_  
Date