

Lawrence Memorial/Regis College

STUDENT DISABILITY SERVICES INTAKE FORM (SELF REPORT)

Name (print): _____ Date: _____

Diagnosis and History of Condition

Condition and history of condition (Age at initial diagnosis)	
How do symptoms currently affect you?	

Functional Limitations

Functional limitations in the classroom (concentration, listening, notes, hearing, vision)	
Functional limitations outside the classroom (homework, study, organization, papers, etc.)	
Functional limitations in campus facilities (mobility, medical, psychological)	

Accessibility Issues

What, if any, concerns do you have regarding accessibility? Education, programs, services, facilities, etc.	
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Medication

Medications currently taken for condition(s)	
Side effects of medication that require accommodation, if any	

Accommodations

Previous Accommodations received in high school/previous college you attended:	
What accommodations were most helpful?	
What accommodations were least helpful?	

Learning Strategies/Resources

<p>What learning strategies currently work for you?</p>	
<p>Where do you feel you need help to succeed within the context of the academic rigor of this program?</p>	