



Intake Form

**Please fill out this intake form and mail, fax, or bring it with you to your scheduled intake appointment.*

Student's Demographic Information:

Date _____

Name (first, middle, last) _____

Maine Street ID # _____ DOB _____ Preferred Name/ Nickname _____

Local or Campus Address _____

Permanent Address _____

Cell Phone/Local Phone # _____ Permanent/Home Phone # _____

Email _____@umit.maine.edu and _____@maine.edu

Class Standing: ___prospective student ___incoming accepted student ___1st year ___sophomore___ junior
___senior ___graduate student ___visiting student (summer/ winter classes only) What is your major? _____

Student's Disability Information:

Reason for Visit:

___ I have a documented disability and am interested in requesting academic accommodations in my classes.

If yes, have you had the documentation sent to SSS? ___Yes ___ No

___ I am struggling academically and/or socially at the University

___ I was referred to the DSS office by a faculty or staff member because they think I might have disability

If you have a disability or believe that you do, please indicate the type below (check all that apply):

___ABI/TBI

___Learning Disability

___ADD/ADHD

___Mental Health Disability

___Autism Spectrum Disorder/ Asperger's

___Mobility Disability

___Blind/Vision disorder

___Neurologic Disability

___Chronic Health Disability

___Other (please list) _____

___Deaf/Hard of hearing

___Temporary Disability (ex: broken leg or arm)

If you have a disability and have ever used accommodations and/or auxiliary aids in high school or at another college, please indicate the type below (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> accessible furniture | <input type="checkbox"/> FM System/classroom amplification |
| <input type="checkbox"/> accessible transportation | <input type="checkbox"/> notetaking assistance |
| <input type="checkbox"/> alternate format for books (e-text) | <input type="checkbox"/> preferential/front row seating |
| <input type="checkbox"/> assistive technology (<i>please list</i>) _____ | <input type="checkbox"/> reader for exams/quizzes |
| <input type="checkbox"/> Braille | <input type="checkbox"/> scribe for exams/quizzes |
| <input type="checkbox"/> captioned films and videos | <input type="checkbox"/> sign/oral language interpreters |
| <input type="checkbox"/> CART/C-print classroom notes | <input type="checkbox"/> tape recorder |
| <input type="checkbox"/> enlarged font for exams, books, and handouts | <input type="checkbox"/> use of a computer on exams/quizzes |
| <input type="checkbox"/> extended time for exams/quizzes | <input type="checkbox"/> use of a spell checker |
| <input type="checkbox"/> Other (<i>please list</i>) _____ | |

What accommodations were the most effective accommodations and why?

What accommodations are you requesting at the University of Maine?

General Questions:

1. Are you a student athlete? _____yes ___no

If yes, what sport are you signed up for and who is your coach? _____

2. Are you receiving case management services from Vocational Rehabilitation or others? ___yes ___no

If yes, what is your Case Manager's name and contact information? _____

3. Are you a client of the Veterans Administration (VA)? ___yes ___no

If yes, what is your Case Manager's name and contact information? _____

4. Is there anything else regarding your disability that you would like the SSS office to know about?

If yes, please explain: _____

Release of Disability Information:

I give Student Support Services permission to release information related to the nature of my disability and functional limitations that might help my professors, their respective deans, my academic advisor, and coaches/athletic advisors to understand my disability and provision of accommodations. This will be in effect until I submit in writing restrictions related to the release of disability information.

Signed: _____ Date: _____

For SSS use only:

Disability & Documentation: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Submitted and complete | <input type="checkbox"/> Documentation incomplete | <input type="checkbox"/> Documentation outdated |
| <input type="checkbox"/> No documentation | <input type="checkbox"/> Refer for testing | <input type="checkbox"/> Completed ARF with Student |

Notes:

External Referral to:

- Cutler Center
- Counseling Center
- TRIO Program

SSS Referrals:

- Advisor
- General Tutoring/Math/Writing Lab
- Housing/Dining Accommodation

SSS Internal:

- Accessible Furniture
- E-Text/Enlarged Text
- Notetaking