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Office of Disability Services

 Student Intake Form

P.O. Box 4578 Clarksville, TN 37044 P: (931) 221-6230 TTY: (931) 221-6278 F: (931) 221-7102

This form should be completed by the student.

The Office of Disability Services' primary mission is to ensure access for students with disabilities to all curricular and co-curricular opportunities offered by Austin Peay State University. It is the responsibility of the student to:

1. Enroll with APSU for the current semester,
2. Register with the Office of Disability Services and request accommodations.

To better serve you, please complete an Intake Form - <http://www.apsu.edu/disability/forms>.  Completion of this form does not guarantee accommodations. Professional documentation may be required for an accommodation. Accommodations are not retroactive. Please be advised that this form is considered **confidential** and retained as such. An intake appointment will be scheduled after your information has been reviewed.

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| Demographic Data:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Last First MI*Student ID#:A Birth Date: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *MM/DD/YYYY*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Street City State Zip Code*Permanent Phone # ( ) Email: @my.apsu.edu  |

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| Student Status:What is your classification (Pleas place an (X) in the box that applies): Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate \_\_\_ Other \_\_\_Incoming Semester Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ Other \_\_\_ |
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| Race (optional): Please place an (X) in the box that applies: White/Non Hispanic \_\_\_\_\_ American Indian/ Alaskan Native \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Disability Information: Please state your disability(ies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please state the date of original diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please list medications you are currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Place an (X) in the box that applies to you: Place an (X) in the box that you have or are currently using:**

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| ADHD/ADD |  |  | Accessible Parking |  |
| Hearing Impairment |  |  | Adaptive Equipment |  |
| Learning Disability |  |  | Crutches |  |
| Medical Disability |  |  | Interpreters |  |
| Mobility/Orthopedic Impairment |  |  | Personal Attendant |  |
| Psychological/Psychiatric |  |  | Prosthesis |  |
| Speech/Language Impairment |  |  | Walker |  |
| Traumatic Brian Injury |  |  | Wheelchair manual or motorized |  |
| Visual Impairment |  |  | Other (specify) |  |
| Autism |  |  |  |  |
| Asperger’s |  |  |  |  |
| PTSD |  |  |  |  |

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| **1. List any academic accommodations and/or support services that you are requesting from the Office of Disability Services at Austin Peay State University (attach additional page if necessary):** |
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| **2. Please list previously used accommodations and how you cope with your immediate environment as well as within an educational setting.**  |
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| Your Signature: | Date: |
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| Person completing the form if other than self: |  |
|  |  |
| Name: | Relationship: |

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| Revised 5/28//2015 APSU is an AA/EEO Employer. |