



# Intake Questionnaire

Disability Services

To be completed by the student

Please print/write clearly

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle initial

Date of birth: \_\_\_\_\_ ID number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
\_\_ Voice \_\_ TTY

ENMU E-mail address: \_\_\_\_\_  
\_\_ I will check my e-mail regularly.

What is the best way to contact you?

\_\_ Home phone \_\_ Cell phone \_\_ TTY \_\_ E-mail \_\_ Text

Gender: \_\_ Male \_\_ Female

Ethnic origin: \_\_ Asian/Asian American \_\_ Black/African American \_\_ Caucasian  
\_\_ Hispanic/Mexican American \_\_ Native American  
\_\_ Other: \_\_\_\_\_

Marital status: \_\_ Single \_\_ Married \_\_ Widowed \_\_ Divorced \_\_ Separated \_\_ Significant other

How did you learn about our services?

\_\_ ADA statement of course syllabus \_\_ College staff \_\_ Parent  
\_\_ Adult rehabilitation agency \_\_ High school \_\_ College Instructor  
\_\_ Another student \_\_ College catalog/course schedule \_\_ Website  
\_\_ Other: \_\_\_\_\_

**ACADEMIC INFORMATION**

Did you:

\_\_\_ Graduate from high school? Year: \_\_\_\_\_  
Name of High School \_\_\_\_\_  
City/State of High School \_\_\_\_\_

\_\_\_ Earn a GED? State: \_\_\_\_\_ Year: \_\_\_\_\_

**Current ENMU-Ruidoso Students**

\_\_\_ Freshman \_\_\_ Returning Student \_\_\_ Transfer Student

First semester enrolled in ENMU? Semester \_\_\_\_\_ Year \_\_\_\_\_

Current Major: \_\_\_\_\_

**Prospective ENMU Students**

\_\_\_ Not yet admitted to ENMU \_\_\_ Incoming Freshman \_\_\_ Transfer Student

Anticipated Enrollment Date? Semester \_\_\_\_\_ Year \_\_\_\_\_

Previous College(s) Attended? \_\_\_\_\_

Anticipated/Current Major: \_\_\_\_\_

**FINANCIAL ASSISTANCE/PROGRAM ASSISTANCE**

Place an "A" in front of any of the following resources you are currently using and a "B" in front of those you have used in the past:

- \_\_\_ Financial aid (student loans, Pell grant)      \_\_\_ Scholarship (NM Lottery, Athletic, etc.)
- \_\_\_ Tutoring services      \_\_\_ Counseling services
- \_\_\_ Writing center      \_\_\_ Relaxation therapy
- \_\_\_ Occupational therapy      \_\_\_ Out-patient psychological services
- \_\_\_ Alcohol/drug rehab      \_\_\_ TRIO (Upward Bound, College Success Program, Talent Search)
- \_\_\_ Division of Vocational Rehabilitation

Counselor's name: \_\_\_\_\_

City & State: \_\_\_\_\_

\_\_\_ Rehabilitation Services for the Blind

Counselor's name: \_\_\_\_\_

City & State: \_\_\_\_\_

\_\_\_ Other (please list): \_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFORMATION – LEARNING & TESTING**

Please check any of the following conditions that best describes your concentration and attention in class and/or when studying? (Check all that apply)

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Anxious                           | <input type="checkbox"/> Fidgety            | <input type="checkbox"/> Distractible |
| <input type="checkbox"/> Short Attention Span              | <input type="checkbox"/> Difficulty Reading | <input type="checkbox"/> Calm/Relaxed |
| <input type="checkbox"/> Other: (Please be specific) _____ |   |                                       |
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Please check any of the following conditions that best describes your concentration and attention when taking a test? (Check all that apply)

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Anxious                           | <input type="checkbox"/> Fidgety            | <input type="checkbox"/> Distractible |
| <input type="checkbox"/> Short Attention Span              | <input type="checkbox"/> Difficulty Reading | <input type="checkbox"/> Calm/Relaxed |
| <input type="checkbox"/> Other: (Please be specific) _____ |   |                                       |
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Of the following, check those areas with which you have difficulty. (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Understanding class lectures         | <input type="checkbox"/> Procrastinating                       |
| <input type="checkbox"/> Memorizing facts and/or figures      | <input type="checkbox"/> Concentrating when studying           |
| <input type="checkbox"/> Concentrating during a class lecture | <input type="checkbox"/> Being prepared for class and/or tests |
| <input type="checkbox"/> Remembering telephone numbers        | <input type="checkbox"/> Remembering names of people/places    |
| <input type="checkbox"/> Reversing letters or numbers         | <input type="checkbox"/> Sequencing steps of a task            |
| <input type="checkbox"/> Reading/following directions or maps | <input type="checkbox"/> Understanding what is read            |
| <input type="checkbox"/> Keeping up with assignments          | <input type="checkbox"/> Meeting new people                    |
| <input type="checkbox"/> Frequent absences                    | <input type="checkbox"/> Talking to instructors                |
| <input type="checkbox"/> Managing time                        | <input type="checkbox"/> Beginning assignments                 |
| <input type="checkbox"/> Completing assignments               | <input type="checkbox"/> Organizing written papers             |
| <input type="checkbox"/> Keeping appointments                 | <input type="checkbox"/> Writing speed                         |
| <input type="checkbox"/> Writing legibly                      | <input type="checkbox"/> Oral expression of thoughts           |
| <input type="checkbox"/> Learning formulas                    | <input type="checkbox"/> Processing information slowly         |
| <input type="checkbox"/> Family commitments                   | <input type="checkbox"/> Handing in incomplete assignments     |
| <input type="checkbox"/> Not finishing tests                  | <input type="checkbox"/> Over-extended with activities         |
| <input type="checkbox"/> Over-extended with work              | <input type="checkbox"/> Cramming for tests                    |
| <input type="checkbox"/> Other: (please specify): _____       |  |
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**BACKGROUND INFORMATION – GOALS**

What are your educational goals? \_\_\_\_\_

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What are your career goals? \_\_\_\_\_

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What are your personal goals? \_\_\_\_\_

**BACKGROUND INFORMATION – HEALTH**

Please check any of the following conditions that apply to you:

- Head injury       Asthma       Diabetes       Allergies
- Seizures       Eye infections       Chronic ear infections
- Other (please specify) \_\_\_\_\_

Have you ever been hospitalized?  Yes  No

Has illness or injury ever interrupted your attendance in school?  Yes  No

If yes, during what grade(s)? \_\_\_\_\_

For how long? \_\_\_\_\_

Are you now on any medication(s)?  Yes  No

If yes, what is the name of the medication(s)? \_\_\_\_\_

Do/did you use other drugs or alcohol?  Yes  No

If yes, describe what, how much, and how frequently: \_\_\_\_\_

Have you ever participated in individual or group counseling  Yes  No

If yes, please describe further: \_\_\_\_\_

Please indicate your current state of physical health by circling the number below that fits you best.

Poor-1-----2-----3-----4-----5-----6-----7-----8-----9-----10-Excellent

Comments: \_\_\_\_\_

Please indicate your current state of mental health by circling the number below that fits you best.

Poor-1-----2-----3-----4-----5-----6-----7-----8-----9-----10-Excellent

Comments: \_\_\_\_\_

**DISABILITY INFORMATION**

Disability is defined by the ADA as “a physical or mental impairment that substantially limits one or more of the major life activities, a record of such an impairment or being regarded as having such an impairment.”

Have any of your immediate family members experienced difficulties in school? \_\_\_ Yes \_\_\_ No

Have you ever been diagnosed as having a disability? \_\_\_ Yes \_\_\_ No

If yes, in your own words, describe your disability below and how it has helped or hindered your academic progress:

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When was the diagnosis made? \_\_\_\_\_

Who made the diagnosis? \_\_\_\_\_

Have you ever been placed in resource, developmental, or 504 classes? \_\_\_ Yes \_\_\_ No

What grade were you in when you were placed in one of these types of classes? \_\_\_\_\_

How does your disability impact the activities of your daily life? \_\_\_\_\_

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If you have not been diagnosed with a disability, please describe the problems you are having academically and any impact on the activities of your daily life.

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**ACCOMMODATIONS**

What services/accommodations have you received in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you used these services/accommodations? (Check the answer below that best describes the length of time):

\_\_\_ Under a year    \_\_\_ 1-3 years    \_\_\_ 4-6 years    \_\_\_ 7-9 years    \_\_\_ Over 9 years

List the academic accommodations you are requesting (e.g, test accommodations, note-takers)  
\_\_\_\_\_  
\_\_\_\_\_

List the accommodations you are requesting in University Housing (e.g., wheelchair accessible, visual alarms)  
\_\_\_\_\_  
\_\_\_\_\_

This application and any relevant documentation must be submitted to Disability Services and an intake interview completed in order to receive academic or housing accommodations. During this meeting we will discuss services for which I am eligible. The information submitted to Disability Services is confidential. I know that the information submitted to Disability Services WILL NOT be placed in my academic records. I understand that admission to Eastern New Mexico University is a separate process and is completed through the office of Enrollment Services.

Upon leaving the University, it is your responsibility to request your documentation be returned to you. All documentation will be destroyed seven (7) years after last date of enrollment.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXCHANGE OF INFORMATION**

**Authorization to discuss documentation with providers**

In order to explore possible coverage and reasonable accommodations, it is often necessary for the director of Disability Services to discuss the documentation the student has submitted with providers such as licensed physicians, psychologists, or other qualified professionals.

I hereby give permission for the director of Disability Services at Eastern New Mexico University to exchange information regarding the documentation I have submitted with my provider(s) (physician, psychologist, or other qualified professional). I understand that my refusal to authorize consent may result in a denial of accommodations.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**Authorization for Release of Information to Campus Personnel - Optional**

I, the undersigned, authorize Disability Services to contact relevant campus personnel to share information pertaining to my accommodations for the purpose of coordinating appropriate support services and determining any necessary academic adjustments. Please initial the line for any offices you wish Disability Services to share information.

Housing                       Health Services                       Counseling & Career Services  
 Financial Aid                       College Success Program                       Advising

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**Authorization for Release of Information to Parent/Guardian - Optional**

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

I understand that by signing this form, I authorize Disability Services to discuss or release to the above parent/guardian information regarding my disability to assist in the determination and implementation of reasonable accommodations and to address educational planning needs.

I understand this authorization is voluntary and I may revoke this consent at any time through a written, signed, and dated request to the Director of Disability Services. The revocation will not apply to action taken prior to that date.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_