



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 Email address: _____
I will check my email regularly.

What is the best way to contact you?

Home phone Cell phone TTY Email 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)

Anxious
Short Attention Span
Other: (Please be specific)

Fidgety
Difficulty Reading

Distractible
Calm/Relaxed

Please check any of the following conditions that best describes your concentration and attention when taking a test? (Check all that apply)

Anxious
Short Attention Span
Other: (Please be specific)

Fidgety
Difficulty Reading

Distractible
Calm/Relaxed

Of the following, check those areas with which you have difficulty. (Check all that apply)

Understanding class lectures
Memorizing facts and/or figures
Concentrating during a class lecture
Remembering telephone numbers
Reversing letters or numbers Reading/
following directions or maps Keeping
up with assignments Frequent
absences
Managing time
Completing assignments
Keeping appointments
Writing legibly
Learning formulas
Family commitments
Not finishing tests
Over-extended with work
Other: (please specify): _____

Procrastinating
Concentrating when studying Being
prepared for class and/or tests
Remembering names of people/places
Sequencing steps of a task
Understanding what is read Meeting
new people
Talking to instructors
Beginning assignments
Organizing written papers
Writing speed
Oral expression of thoughts
Processing information slowly
Handing in incomplete assignments
Over-extended with activities
Cramming for tests

BACKGROUND INFORMATION – GOALS

What are your educational goals? _____

What are your career goals? _____

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: _____

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? _____

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: _____

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
 Financial Aid College Success Program Services 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: _____