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Rohnert Park, CA 94928-3609

DISABILITY SERVICES FOR STUDENTS
Division of Student Affairs

707.664.2677 • Fax 707.664.3330 • Dial 711 for Relay
www.sonoma.edu/dss

STUDENT INTAKE FORM

Services are not dependent on the completion of this intake form. The information given here is for our convenience in serving you and our reporting needs. All information will be held confidential.

Name: _____

SSU ID#: _____

Cell: _____

SSU Email: _____@sonoma.edu

Permanent Address: _____

City: _____ State: _____

Zip Code: _____

Primary Disability: _____

Any other disability? _____

Year at SSU: Fresh. Soph. Jr. Sr. Postbac/Graduate Extended Ed

Major: _____

Date of Birth: _____

Transfer Student? Yes No

Are you a Department of Rehabilitation client? Yes No

If yes, please include Vocational Rehab Counselor's Name, Office, and vocational goal:

Are you a Veteran? Yes No

Are you a Veteran's Vocational Rehab client? Yes No

THE CALIFORNIA STATE UNIVERSITY

HEALTH HISTORY:

Date of onset of disability: _____

Who diagnosed your disability? (select the type of professional)

- Family Doctor Psychologist Psychiatrist
 I'm Not Sure Other (specify): _____
-

What kind of exam and/or assessment have you had to determine your disability?
(select applicable types)

- Physical exam Neurological exam
 Learning Disability assessment Psychiatric Consultation
 ADD/ADHD assessment I'm Not Sure

Do you have side effects from medication which impact your academic performance?

- Yes No

If yes, please describe? _____

FUNCTIONAL IMPACT:

In what academic areas do you experience difficulty? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Comprehending concepts |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Retaining information |
| <input type="checkbox"/> Math | <input type="checkbox"/> Completing assignments on time |
| <input type="checkbox"/> Taking Tests | <input type="checkbox"/> Organizing written work |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Self-confidence in school |
| <input type="checkbox"/> Reading Rate | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Time management | <input type="checkbox"/> Organizing assignments |
| <input type="checkbox"/> Paying attention | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ |

What are your academic strengths? (i.e. Math, English, etc)

What other activities may impact your achievement (i.e. work, commute time, extra curricular, etc)?

Besides your disability, what other areas contribute to your challenges in school, if any? (Check all that apply)

- Home environment
- Emotional problems
- Economic disadvantage
- Language barriers
- Other (specify): _____
- Tasks too difficult
- Lack of interest
- Lack of opportunity
- Limited ability
- Ineffective Teachers
- Bad luck
- Poor attendance
- None

ACCOMMODATION(S):

Have you received academic accommodation(s) previously? Yes No

If yes: High School College

What were those accommodation(s)? (Check all that apply)

- Extended testing time (1.5 or double time)
- Reduced distraction testing environment
- Large print test
- Ergonomic furniture
- Use of spell check
- Alternate media
(i.e., Braille, E-text, Audio, etc.)
- Interpreter
- Note taking assistance
- Scribe
- Reader
- Use of computer
- Use of calculator
- Assistive technology
(i.e., Dragon, Read&Write, JAWS, etc.)
- Other (specify): _____

What accommodations are you requesting while you attend Sonoma State University?

Confidentiality and Release of Information Procedures

1. All information maintained by Disability Services for Students (DSS) is part of student's educational record and as such protected by the Federal Family Educational Rights & Privacy Act (FERPA):

"Accordingly, confidential records will be protected in accordance with FERPA regulations with the purpose of providing appropriate academic accommodations or adaptation of curricula. Information about the student may be released with the student's informed written consent in accordance with FERPA or other applicable law."

(CSU Policy for the Provision of Accommodations and Support Services to Students with Disabilities, Section IV, E)

2. Registration and participation with DSS does not appear on student's transcripts or academic records with Sonoma State University.

3. Information is only shared with other professionals within Sonoma State University to facilitate the provision of accommodations when necessary and/or if questions arise.

4. DSS strongly advises students to keep a copy of their documentation.

5. Students may request a copy of the documentation of their disability; however, DSS will not forward documentation which originated with another institution or professional.

6. If a student wishes his or her documentation released to an outside entity, the request must be made directly to the professional who authored the report. This practice ensures that the release and flow of information concerning the student is carefully controlled. This guideline also honors the professional who authored the report their property right and integrity.

7. Students requesting release of information must fill out and sign a consent form.

8. When a student has graduated or is no longer a student at Sonoma State University, the student's file is kept for five years and then destroyed.

"I understand that all information maintained by Disability Services for Students (DSS) is part of my educational record and as such protected by the Federal Family Educational Rights & Privacy Act (FERPA)."

Student Signature _____

Date _____