

STUDENT DISABILITY SERVICES STUDENT INTAKE FORM

Personal Data

(Name) First: _____ Middle: _____ Last: _____

WSU # ID: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth date: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

Student's Wayne State e-mail address: _____

What's the best way to reach you? (Check all that apply.)

Cell ____ Home ____ Work ____ e-mail ____ Gender/ check one: [] Male [] Female

Ethnicity:

If your ethnic origin is among the following, please indicate by placing a circle around the correct title:

White/Caucasian (non-Hispanic) Black/African American (non-Hispanic) Hispanic/Latino

American Indian/Alaskan Native Asian Hawaiian/Pacific Islander Arab American

Multi-racial (specify): _____

Other (specify): _____

How did you find out about SDS?

Faculty [] Staff [] Community [] Internet [] Agency [] Other [] _____

Are you registered with other community services? (Ex: MRS or Commission for the Blind)

[] YES [] NO

If yes: Agency Name: _____

Case Worker: _____ Phone: () _____

Academic Data

Major: _____ Transfer Student from: _____

Current Academic Status: (please circle) Fr/ Soph/ Jr/ Sr/ Grad/Other

Current GPA: _____ Credit Hours this Term: _____

Short term Academic Goals: (please circle) BA/BS, MA/MS/MSW/M.ED, PH.D/JD/DR.

Accommodation History

Previous Educational Accommodations:

Please list any previous accommodations issued and/or any accommodations you are requesting:

I understand that the accommodations for which I am requesting must be supported by proper documentation from and qualified individual according to the SDS documentation guidelines.

Student Signature: _____ Date: _____