

**Chattanooga State Community College
Disabilities Support Services**

INTAKE FORM

Disabilities Support Services (DSS) is committed to providing equal access to all facilities, programs, and services. We encourage you to provide complete, candid, and realistic information concerning the nature of your disability and any support you believe you need to begin or continue your studies at Chattanooga State. The information provided on this form will be kept confidential, and will not be shared with anyone without your permission. Information provided on this form has no bearing on admission determination.

Name _____ Student ID or SS# _____

Address _____

City _____ State _____ Zip _____

Phone Number: Home _____ Cell _____

Date of birth _____ Intended Major _____

Are you a first-time student at Chattanooga State? Yes No

If no, when were you last here? _____ Reason for leaving? _____

Is this your first time in college? Yes No

If no, where did you attend college before? _____

When were you there? _____ Reason for leaving _____

E-mail address (the one you will use for school) _____

Do you work? Yes No If yes, where? _____

How many hours a week do you work? _____ Do you plan to continue to work

those hours while you are in college? Yes No

Who should we contact in case of an emergency (name and phone number)? _____

Please place an X by any state or federal agencies you are currently working with:

	Department of Rehabilitation Services	State: Counselor:
	Veteran’s Administration	State: Counselor:
	Other	State: Counselor

Please place an X by the disability categories that apply to you:

	Attention Deficit/Hyperactivity Disorder	Medication:
	Learning Disability – what areas of weakness?	
	Hearing Loss	
	Visual Impairment	
	Traumatic/Acquired Brain Injury	Medication:
	Psychological/Psychiatric	Medication:
	Chronic Health Impairment	Medication:
	Mobility/Orthopedic Impairment	Medication:
	Speech/Language Impairment	
	Seizure Disorder	Medication:
	Other (please describe)	

Please describe the services/modifications/accommodations you have received in the past (in high school, at other colleges, on the job, etc.) _____

In your own words, please tell us how your disability affects you in your daily life, particularly how you have dealt with school in the past, any strategies or tools you have developed over the years, special equipment you use, anything you can think of that would help us understand you and your disability better. _____

Signature _____ Today’s Date _____