

Center for Access and Disability Services (CAADS) Intake Form

**Submit this form,
completed, to:**



1. Email as an attachment to: caads@chattanoogastate.edu
 2. FAX to CAADS at 423-697-2693
 3. Drop off paper copy at the front desk in CAADS CAT-54 (on main campus)
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Center for Access and Disability Services (CAADS) 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 that you believe is needed 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.

Student Information

Name: _____ A#: _____ Date of Birth: _____

Street Address: _____

City/State/Zip: _____

TigerWeb Email: _____

Personal Email: _____

Phone Numbers

Emergency Contact

Name: _____ Phone #: _____

College and Work Information

Is this your first time in college? _____ Current Major: _____

If no, where did you attend before? _____ When? _____

Reason for leaving _____

Are you a first time student at Chattanooga State? _____ If no, when were you last here? _____

Reason for leaving _____

Do you work? _____ If yes, where? _____

How many hours per week? _____ Do you plan to work those hours while you are in college? _____

Intake Form

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

Type of Disability	
ADD/ADHD	Autism Spectrum Disorders
Cognitive Disability	Chronic Health Impairment
Deaf/Hearing Loss	Psychological/Psychiatric Disability
Learning Disability	Physical/Mobility/Orthopedic Disability
Seizure Disorder	Speech/Language Disorder
Vision Impairment	Traumatic/Acquired Brain Injury

(Optional) Race/Ethnicity

Alaskan Native
Asian-American
Black/African-American
Hispanic/Latinx
Native American
Native Hawaiian/Pacific Islander
White
Other

(Optional) Preferred Pronouns:

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.

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

Please list any state or federal agencies you are currently with, your counselor, and their contact information.

Signature:

Date: