

# 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 \_\_\_\_\_ A# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers (Home/Cell) \_\_\_\_\_ (Home/Cell) \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Phone Number Relationship to student

Is this your first time in college?  Yes  No Current Major \_\_\_\_\_

If no, where did you attend before? \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you a first time student at Chattanooga State?  Yes  No If no, when were you last here? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Do you work?  Yes  No If yes, where? \_\_\_\_\_

How many hours per week? \_\_\_\_\_ Do you plan to work those hours while you are in college?  Yes  No

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

TYPE OF DISABILITY	(OPTIONAL) RACE/ETHNICITY
ADD/ADHD	Alaskan Native
Autism Spectrum Disorders	Asian or Asian American
Cognitive Disability	Black or African American
Learning Disability	Hispanic or Latinx
Vision Impairment	Native American
Deaf/Hearing Loss	Native Hawaiian or Pacific Islander
Speech/Language Disorder	White or European American
Seizure Disorder	Other
Psychological/Psychiatric Disability	
Physical/Mobility/Orthopedic Disability	
Chronic Health Impairment	
Traumatic/Acquired Brain Injury	

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. \_\_\_\_\_

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

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

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Signature \_\_\_\_\_ Date \_\_\_\_\_