



INTAKE- OFFICE OF DISABILITY SERVICES

Personal Information (PLEASE PRINT)

Name: _____ Date of Birth: _____

Address: _____ SS#: _____

City: _____ Cell Phone: _____

State: _____ Zip Code: _____ Home Phone: _____

E-Mail Address: _____

I give permission to the Office of Student with Disabilities to contact me at the above e-mail address- PLEASE
INITIAL _____

Campuses you expect to attend: Middletown Newburgh Other _____

For what semester do you plan to attend SUNY Orange? Fall ____ Spring ____ Summer ____

EDUCATIONAL BACKGROUND

High School Attended: _____

Did you graduate?: Yes No Year of Graduation: _____

If no, do you have your GED? Yes No Year of GED _____

DISABILITY CLASSIFICATION

What is your diagnosed disability? Check all that apply.

ADHD Deaf/Hearing Impaired Learning Disability

Blind/ Low Vision Developmental Disability Mobility

Psychiatric Disability Chronic Health Impairment

Other: _____

Describe your disability and how it affects your performance as a student:

List any medications which you are taking and how they may affect you in a classroom setting:

What is the greatest difficulty you experience in school because of your disability?

ACADEMIC INTENT/ACCOMODATIONS REQUESTED

List any colleges or universities you have attended.

List any accommodations you have received in the past.

What academic accommodations are you requesting?

List any assistive technology you have used in the past.

What is your educational goal?

- Associate's Degree Major: _____
- Certificate Program Type of Certificate: _____
- Plan to transfer to another college/university without earning an Associate's degree
- Other _____

Indicate whether you have received services from the following agencies:

- VESID Counselor _____ Phone _____
- Veteran's Administration Counselor _____ Phone _____
- Commission for the Blind Counselor _____ Phone _____
- Other _____

May ODS discuss your educational needs with this counselor? Yes No

Have you applied for financial aid? Yes No

If no, do you plan to apply for financial aid? Yes No

The Office of Disability Services (ODS) requires appropriate and current disability documentation to be submitted **4** weeks prior to receiving academic accommodations. Once the documentation is received and reviewed, you will meet with an ODS staff member to discuss academic accommodations, procedures and policies. Information regarding disability is kept in the Office of Disability Services and is not part of the student's permanent record.

Student's Signature

Date