




# Student Application / Intake Form

(Please **PRINT**)

OFFICE USE ONLY	
Date Received	_____
Staff Initials	_____
Enrollment Status	_____
Entered By	_____

Last Name:	_____	First Name:	_____		
Address:	_____	City:	_____	Zip:	_____
Home Phone:	_____	Cell Phone:	_____		
Student ID #:	_____	Date of Birth:	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Email:	_____	Referred By:	_____		
Primary Language:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> ASL	<input type="checkbox"/> Other:	_____
Interpreter Requested?	_____				

1. Are you currently enrolled at COS?  Yes  No
2. Have you ever received services from this Access & Ability Center in the past?  
 Yes  No If yes, what year: \_\_\_\_\_
3. Which campus would you prefer to receive Access & Ability Center services:  
 Visalia  Hanford  Tulare
4. What is the nature of your disability? (Please check & circle all that currently apply.)
  - Attention-Deficit Hyperactivity Disorder (ADHD)
  - Autism Spectrum
  - Blind and Low Vision (do not check if vision is corrected by glasses/contacts)
  - Brain Injury (stroke, head trauma, aneurysm, hydrocephalus, etc.)
  - Deaf and Hard of Hearing (Deaf, partial hearing loss, etc.)
  - Intellectual Disability (Developmentally Delayed Learner, Down's syndrome etc.)
  - Learning Disability (difficulty with math, reading, writing, test anxiety, etc.)
  - Mental Health Disability (anxiety, panic, bipolar, depression, schizophrenia, PTSD, etc.)
  - Physical Disability (arthritis, back/leg/arm injury, carpal tunnel syndrome, fibromyalgia, etc.)
  - Other (asthma, diabetes, migraines, seizures, speech, thyroid or heart condition, etc.)If you do not see your disability listed above please list the type of disability you have here:

Please complete other side of form 

### ALTERNATE FORMATS:

This publication can be made available in an alternative format.  
Please contact the Access & Ability Center at 559-730-3805.

5. Have you ever had a seizure?  Yes  No If yes, when did this last occur? \_\_\_\_\_

6. Did you receive any of the following services in high school? (Check all that pertain to you.)

Resource Specialist (RSP)  Special Education  IEP  504 Plan  Special Day Class

If yes, what year did you last attend this high school? \_\_\_\_\_

7. Have you been assessed for a learning disability at a college?  Yes  No If yes, what year? \_\_\_\_\_

Name of college where you were assessed: \_\_\_\_\_

8. Are you a client of any of the following agencies?

Department of Rehabilitation (DOR)  Central Valley Regional Center (CVRC)

Other:

\_\_\_\_\_  
If yes, what is your counselor's name? \_\_\_\_\_

9. Do you feel your disability affects any of the following?

Taking notes in class notes

Completing written assignments

Seeing or understanding visually presented classroom materials

Seeing or understanding texts, handouts, and other printed material

Hearing or understanding lecture, student discussion, and related oral presentations

Finishing tests in a timely manner

Understanding test questions

Using certain college facilities, equipment, and materials

Self-advocating with college instructors, and other personnel

Interacting with Department of Rehabilitation and other resources in the community

I acknowledge that it is my responsibility to provide appropriate verification of my disability.

---

Student Signature

Date