

Hagerstown Community College
Disability Services
CONFIDENTIAL
Student Intake

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (home) _____ - _____ - _____ (work) _____ - _____ - _____

Social Security Number: _____ - _____ - _____

E-mail: _____

MEDICAL BACKGROUND:

What is your diagnosed disability/disabilities? _____

Describe your disability and how it affects your performance as a student. _____

Describe any long-term medical problems. _____

List any services that you have received from outside agencies (ex. DORS) for academic, career, or personal counseling, etc. _____

EDUCATIONAL BACKGROUND:

Are you currently enrolled in school? _____ Where? _____

Have you graduated from high school? _____ Where? _____

Check those tasks which you can do and those which you have difficulty.

	I can do!	I have difficulty!
Paying attention in class		
Completing assignments		
Taking notes		
Memorizing		
Managing time		
Reading at a good rate		
Understanding what I read		
Doing math calculations		
Doing math word problems		
Following directions		
Spelling		
Finishing tests on time		
Putting thoughts into writing		
Proofreading		
Being motivated		

Did you ever receive any type of special education in high school? _____

Have you ever received tutoring? _____ In what subjects? _____

What were your easiest subjects? _____

What were your hardest subjects? _____

When was the most recent English course you took? _____

What/when was the most recent Math course you took? _____

List any accommodations/adaptive technology you used in high school. _____

How would you rank your study habits (1-10 scale, 1 being extremely poor and 10 being excellent): _____

Would you describe yourself as a serious student in high school? _____

Are you currently or have you ever been a student at HCC? _____ When? _____

Have you ever attended another college or university? _____ When? _____

Where? _____ Degree/credit hours? _____

Think about the following learning tools/accommodations and check the all boxes that apply.*

	Have used	Does not help	Might help	Do not need
Tutoring				
Note taker				
Verbatim reading of tests				
Scribe for tests				
Tape recorder in class				
Extended time on tests				
Tests in a quiet place				
Taped textbook/materials				
Word processor				
Spellchecker				
Interpreter				
Phonic Ear				
Talking calculator/calculator				
Kurzweil 3000				
Track Ball				
Reduced Courseload				

*Please note that documentation must be provided in order to receive the aforementioned accommodations.

ADDITIONAL INFORMATION:

What are your interests, talents, strengths, hobbies? _____

Are you currently working? _____ How many hours per week? _____

What is your educational goal? _____

How many hours per week do you plan to set aside for your education (include class time and study time)? _____

What is your educational plan? _____

By signing below you are agreeing to the following statements:

It is the student's responsibility to voluntarily and confidentially disclose information regarding the nature and extent of the qualifying disability. The college does not assume responsibility for providing accommodations or services to students who have not identified themselves as having a qualifying disability.

(Signature) _____

I do hereby give my permission for the Special Student Advisor to act as an advocate on my behalf with my instructors. However, I understand that it is my responsibility to meet with each of my instructors to discuss and request accommodations.

(Signature) _____

Sign only ONE of the two statements below with which you agree.

I give my permission for the Special Student Advisor to speak with my parents concerning my activities with this office.

(Signature) _____

I do NOT give my permission for the Special Student Advisor to speak with my parents concerning my activities with this office.

(Signature) _____

Notes: