

**Hagerstown Community College
Disability Support Services (DSS)
CONFIDENTIAL
Student Intake**

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ - _____ - _____

(Other) _____ - _____ - _____

Student ID#: _____ Preferred E-mail: _____

Classification (select one): New Student Transfer Student Returning Student (date of last attendance): _____

Intended Major: _____ Veteran?: Yes No

MEDICAL BACKGROUND:

Date of diagnosis/documentation: _____

What is your diagnosed disability/disabilities? _____

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

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

ADDITIONAL INFORMATION:

Do you receive SSDI(Social Security Disability Insurance) select one: YES NO

You may be eligible to receive a tuition waiver if you are an SSDI recipient.

I have received a (select one): High School Diploma Certificate of Attendance Neither

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

What is your educational goal? _____

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

	No difficulty	Some 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		

Think about the following accommodations and check the boxes that you are requesting.*

	Requested Accommodation	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		
Books in alternative formats		
Use of computer		
Spellchecker		
Interpreter		
Braille		
Assistive listening device		
Talking calculator/calculator		
Kurzweil 3000		
Accessible classrooms		
Assistive Technology:		
Other:		
Other:		

*Please note that appropriate documentation must be submitted and approved before eligibility for accommodations can be determined.

Additional Notes/Comments (for office use only):