



STUDENT ACCESS SERVICES

Intake Form  
To be completed by student

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle Initial

Student ID: S \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ @student.cccs.edu

Gender (check all that apply):  Male  Female  Non-Binary  Transgender  Other:

Preferred Pronoun:  He  She  They  Other:

**Disability Information**

You will need to provide a copy of your documentation (ex: IEP, 504, documentation from a licensed professional). If you are a student who would like to self-disclose a disability, please respond to the following:

My disability is... \_\_\_\_\_  Diagnosed  Suspected, not diagnosed

Please describe the academic impact of your diagnosed or suspected disability, and list any related medications:

What accommodations have you used? (e.g., more time on tests, reading program, equipment, assistive technology):

**ACC Status**

Have you taken the Accuplacer?  Yes  No (Some students may be exempt based on SAT/ACT scores.)

Anticipated test date: \_\_\_\_\_ (Registration is dependent on Accuplacer scores.)

Have you met with an Academic Advisor?  Yes  No Have you applied for Financial Aid?  Yes  No

Are you registered for classes?  Yes  No

First semester at ACC? Year: \_\_\_\_\_  Fall  Spring  Summer

Are you currently enrolled in high school?  Yes  No

**Student Intake Checklist**

**To be completed with Specialist**

Discussion Points

\_\_\_\_\_ Documentation Received (IEP, 504, Service Plan, Medical documentation)

\_\_\_\_\_ Current accommodations are temporary. To continue accommodations, student will submit documentation by the \_\_\_\_\_ semester.

\_\_\_\_\_ Accommodations were determined:

\_\_\_\_\_ Discussed SAS sending accommodation letter to instructors and student’s responsibility to inform SAS of schedule changes.

\_\_\_\_\_ Discussed student’s responsibility to request accommodation letter each semester.

\_\_\_\_\_ Discussed academic withdrawal dates (Refer to syllabus).

\_\_\_\_\_ Discussed academic services (Student Success Center, Writing Center, Math Support Center, etc).

\_\_\_\_\_ Discussed Testing Center’s use of video cameras to record and monitor testing.

**Student Agreements** (Check & initial all that apply or leave blank.)

\_\_\_\_\_ Student signed Testing Procedures Form.

\_\_\_\_\_ Student signed Recorded Lecture Agreement.

\_\_\_\_\_ Student signed ASL/Captioning Service Agreement.

\_\_\_\_\_ Other \_\_\_\_\_

**Appointments**

\_\_\_\_\_ Scheduled an assistive technology training appointment with Assistive Technology Specialist.

Kurzweil    Smartpen    Other \_\_\_\_\_

Date & Time \_\_\_\_\_

I hereby authorize Student Access Services (SAS) to hold confidential information on this form, any records I provide, as well as information shared by me or on my behalf with SAS staff. Information provided to SAS will not become part of my academic record, but will remain in a limited-access file. Additionally, I authorize SAS to share information from these records with other Arapahoe Community College staff members or volunteers on a need to know basis in order to assist in the provision of services. I understand my records may be released to off-campus authorities as required by law. I further understand these records are necessary in the determination of special services, statistical reporting and funding purposes.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SAS Specialist Signature

\_\_\_\_\_  
Date