



# OGLETHORPE

ACADEMIC SUCCESS  
CENTER

## Oglethorpe University - Disability Services - Student Intake (Long)

**Demographic Data:** Please complete and/or review and update:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last first MI

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Campus Address \_\_\_\_\_  
street city state zip code

Permanent Address \_\_\_\_\_  
street city state zip code

Phone Numbers: Campus/Cell \_\_\_\_\_ Home \_\_\_\_\_

Preferred Email \_\_\_\_\_

### Student Status:

- Prospective (anticipated enrollment date) \_\_\_\_\_
- Other (Please specify) \_\_\_\_\_
- Enrolled \_\_\_\_\_  
Date of enrollment at Oglethorpe
- Undergraduate \_\_\_\_\_  
Major, Class and Degree(s) Seeking
- Graduate/Prof \_\_\_\_\_  
Major, Degree Seeking
- Anticipated date of graduation \_\_\_\_\_
- Grade Point Average: \_\_\_\_\_ Credits Completed: \_\_\_\_\_

### Diagnostic Information

1. Please identify any disability(ies), disorder(s) or impairment(s) that you have been diagnosed with:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Please identify any other condition(s) affecting school that you would like to discuss:

\_\_\_\_\_  
 \_\_\_\_\_

**Functional Limitations:** Please check any of the major life activities listed below that you believe are affected as a result of your diagnosed condition. Please indicate level of limitation you believe you experience as a result of the condition.

1 = Unable to Determine

2 = Mild

3 = Substantial

1	2	3		1	2	3	
			<b>Caring for Oneself</b>				<b>Learning</b>
			<b>Talking</b>				• <b>Reading</b>
			<b>Hearing</b>				• <b>Writing/Spelling</b>
			<b>Breathing</b>				• <b>Calculating</b>
			<b>Seeing</b>				• <b>Memorizing</b>
			<b>Walking/Standing</b>				• <b>Concentrating</b>
			<b>Lifting/Carrying</b>				• <b>Listening</b>
			<b>Sitting</b>				<b>Other:</b>
			<b>Performing Manual Tasks</b>				
			<b>Eating</b>				
			<b>Working</b>				
			<b>Interacting with Others</b>				
			<b>Sleeping</b>				

**Service History:** Please check/describe any services you have received in the past under "Previously Received" Please check those services you are interested in requesting at Oglethorpe University under "Requesting"

**Support Services and Accommodations** **Previously Received (please describe)** **Requesting at Oglethorpe**

Test accommodations (please list/describe):		
Assistance with Note-taking (please describe):		
Document Conversion <input type="checkbox"/> Audio Format <input type="checkbox"/> Enlarged Text <input type="checkbox"/> Braille		
Adaptive Equipment <input type="checkbox"/> 4-track tape player <input type="checkbox"/> Digital audio disc player <input type="checkbox"/> Magnification software <input type="checkbox"/> Screen reading software <input type="checkbox"/> Other		
Sign Language Interpreting/ CART (Real Time Captioning)		
Assistive Listening Device		
Physical Access Assistance: (please describe)		
Other Services (please describe)		
Housing Accommodation		
Special Education/504 Plan		<b>NA</b>
Private Tutors or Academic Specialists		<b>NA</b>