Office of Accessibility Services

Accommodation Request Intake Form

Reasonable accommodations will be determined and approved only after an interactive intake meeting has taken place. Accommodation requests are reviewed based on student self-report and review of appropriate documentation. For more information on documentation guidelines, please visit the [Office of Accessibility Services webpage.](https://www.geneseo.edu/accessibility-office)

Please submit this form via email and contact the Office of Accessibility Services to schedule an intake meeting.

Office of Accessibility Services

SUNY Geneseo

1 College Circle

Erwin Hall 22

585-245-5112 (phone)

585-245-5091 (fax)

[access@geneseo.edu](mailto:access@geneseo.edu)

# **Section A: Student Information**

Student’s Legal Name: Click to enter name here. Date: Click or tap to enter a date.

Student’s Preferred Name (if different): Click to enter preferred name.

Date of birth: Click or tap to enter a date. Student ID: G00Click to enter G number.

Local Address/Residential Hall: Click or tap here to enter local address.

Permanent/Home Address: Click or tap here to enter home address.

Cell Phone: Click or tap here to enter cell phone number.Home Phone: Click or tap here to enter home phone number.

Geneseo E-mail: Click or tap here to enter Geneseo email address.@geneseo.edu

Other E-mail: Click or tap here to enter personal email address.Expected Graduation Date: Click or tap to enter a date.

Transfer student? If yes, please list your previous institution: Click or tap here to enter previous institution name.

Current matriculated (circle one): Click here to choose. Declared major or Undeclared: Click or tap here to enter major/minor.

# **Section B: Disability Information**

1. Please indicate your current documented disabilities/diagnoses (check all that apply)

Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADHD)

Specific Learning Disability Autism Spectrum Disorder

Deaf/Hard of Hearing Blind/Visual Impairment

Traumatic Brain Injury (TBI) Physical Impairment

Chronic Medical Condition (please specify): Click or tap here to enter text.

Mental Health (please specify): Click or tap here to enter text.

Other: Click or tap here to enter text.

1. If known, approximately what age were you diagnosed? Click or tap here to enter age.
2. Please describe how your disability impacts your ability to function in the following settings:

Academic classroom environment: Click or tap here to enter text.

Social/Personal/Living environments: Click or tap here to enter text.

Mobility around community/campus environments: Click or tap here to enter text.

1. Please list any current relevant treatments or therapy: Click or tap here to enter text.
2. Are you currently receiving support through any community, state, or federal agencies (e.g., Vocational Rehabilitation, Services for the Deaf and Hard-of-Hearing)? Choose an item.

If yes, please list: Click or tap here to enter text.

# **Section C: Accommodation History**

1. Did you receive accommodations in high school? Choose an item.
2. Did you have an IEP or 504 plan? Choose an item.
3. Did you receive accommodations at another institution of higher education? Choose an item.
4. Please list the accommodation(s) and/or auxiliary aids/services/assistive technologies you have used in the past.

* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.

1. Please list the accommodations, auxiliary aids/services/assistive technologies you are currently requesting:

* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.

\*Note: Students requesting a single room must complete a housing accommodation request form and provide appropriate documentation

# **Section D: College Readiness Strengths & Challenges**

1. How would you describe your study habits (choose one)? Choose an item.
2. What are your least difficult subjects? Click or tap here to enter text.

Most Difficult? Click or tap here to enter text.

1. Which of the following do you have difficulty doing?

Paying attention in class Following directions

Solving math problems Taking notes

Understanding what you have read Keeping up with reading assignments

Studying for exams Finishing exams on time

Memorizing and retaining information Writing (composing/editing)

Time management (managing free time, getting to class/meetings on time, submitting assignments on the due date)

Getting/staying motivated Asking for help/self-advocating

Connecting with peers Getting involved with extra-curricular activities

1. What were (are) your strengths in school? Click or tap here to enter text.
2. What campus offices/resources have you utilized, or wish to know more about (check all that apply)?

Supplemental Instruction Tutoring

Counseling Center  Multicultural Center

Student Association (clubs/organizations)  Other Click or tap here to enter text.

**Office Use Only**

Date intake form received: Click or tap to enter a date.

Date documentation received: Click or tap to enter a date.

Other: Click or tap here to enter text.