

**New Mexico Junior College
Intake Questionnaire
Student Accessibility Services**

To be completed by the student

Please print/write clearly

PERSONAL INFORMATION

Name: _____ Date: _____

Last First Middle initial

Date of birth: _____ ID number _____

Address _____

Street City State ZIP

Home phone: _____ Cell phone _____

E-mail address: _____

Gender: ___ Male ___ Female

BACKGROUND INFORMATION – LEARNING & TESTING

Please check any of the following conditions that best describes your concentration and attention in class and/or when studying? (Check all that apply)

- _____ Anxious
- _____ Fidgety
- _____ Distractible
- _____ Short Attention Span
- _____ Difficulty Reading
- _____ Calm/Relaxed
- _____ Other: (Please be specific) _____

Please check any of the following conditions that best describes your concentration and attention when taking a test? (Check all that apply)

- _____ Anxious
- _____ Fidgety
- _____ Distractible
- _____ Short Attention Span
- _____ Difficulty Reading
- _____ Calm/Relaxed
- _____ Other: (Please be specific) _____

Of the following, check those areas with which you have difficulty. (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Understanding class lectures | <input type="checkbox"/> Procrastinating |
| <input type="checkbox"/> Memorizing facts and/or figures | <input type="checkbox"/> Concentrating when studying |
| <input type="checkbox"/> Concentrating during a class lecture | <input type="checkbox"/> Being prepared for class and/or tests |
| <input type="checkbox"/> Reversing letters or numbers | <input type="checkbox"/> Sequencing steps of a task |
| <input type="checkbox"/> Reading/following directions | <input type="checkbox"/> Understanding what is read |
| <input type="checkbox"/> Keeping up with assignments | <input type="checkbox"/> Meeting new people |
| <input type="checkbox"/> Frequent absences | <input type="checkbox"/> Talking to instructors |
| <input type="checkbox"/> Managing time | <input type="checkbox"/> Beginning assignments |
| <input type="checkbox"/> Completing assignments | <input type="checkbox"/> Organizing written papers |
| <input type="checkbox"/> Keeping appointments | <input type="checkbox"/> Writing speed |
| <input type="checkbox"/> Writing legibly | <input type="checkbox"/> Oral expression of thoughts |
| <input type="checkbox"/> Learning formulas | <input type="checkbox"/> Processing information slowly |
| <input type="checkbox"/> Family commitments | <input type="checkbox"/> Handing in incomplete assignments |
| <input type="checkbox"/> Not finishing tests | <input type="checkbox"/> Over-extended with activities |
| <input type="checkbox"/> Over-extended with work | <input type="checkbox"/> Cramming for tests |
| <input type="checkbox"/> Other: (please specify): _____ | |

BACKGROUND INFORMATION – GOALS

What are your educational and career goals?

What are your personal goals?

BACKGROUND INFORMATION – HEALTH

Please check any of the following conditions that apply to you:

- Head injury Asthma Diabetes Allergies Seizures
 Other (please specify) _____

Has illness or injury ever interrupted your attendance in school? Yes No

Are you now on any medication(s)? Yes No

If **yes**, what is the name of the medication(s)? _____

Please indicate your current state of mental health by circling the number below that fits you best.

Poor-1-----2-----3-----4-----5-----6-----7-----8-----9-----10-**Excellent**

DISABILITY INFORMATION

Disability is defined by the ADA as “a physical or mental impairment that substantially limits one or more of the major life activities, a record of such impairment or being regarded as having such an impairment.”

Have you ever been diagnosed as having a disability? Yes No

If **yes**, in your own words, describe your disability below and how it has helped or hindered your academic progress:

If you have not been diagnosed with a disability, please describe the problems you are having academically and any impact on the activities of your daily life.

ACCOMMODATIONS

What services/accommodations have you received in the past?

List the academic accommodations you are requesting (e.g, test accommodations, notetakers)

This application and any relevant documentation must be submitted to Student Accessibility Services. The information submitted to Disability Services is confidential. I know that the information submitted to Disability Services WILL NOT be placed in my academic records. All documentation will be destroyed seven (7) years after last date of enrollment.

Student signature: _____ **Date:** _____

EXCHANGE OF INFORMATION

Authorization to discuss documentation with providers

In order to explore possible coverage and reasonable accommodations, it is often necessary for the director of Disability Services to discuss the documentation the student has submitted with providers such as licensed physicians, psychologists, or other qualified professionals. I hereby give permission for Disability Services at New Mexico Junior College to exchange information regarding the documentation I have submitted with my provider(s) (physician, psychologist, or other qualified professional). I understand that my refusal to authorize consent may result in a denial of accommodations.

Student signature: _____ **Date:** _____

Printed name: _____

Authorization for Release of Information to Parent/Guardian/other - Optional

Parent/Guardian/Other Name(s)

Address _____

Phone # _____

I understand that by signing this form, I authorize Disability Services to discuss or release to the above parent/guardian information regarding my disability to assist in the determination and implementation of reasonable accommodations and to address educational planning needs. I understand this authorization is voluntary and I may revoke this consent at any time through a written, signed, and dated request to Disability Services. The revocation will not apply to action taken prior to that date.

Student signature: _____ **Date:** _____

Printed name: _____