



Disability Services

Student Support Services

Oklahoma City Community College

7777 S. May Avenue ~ Oklahoma City, OK 73159

Main Building 1E7 ~ Phone #: 405-682-7520

STUDENT INTAKE DISCLOSURE FORM

STUDENT CONTACT INFORMATION:

Name: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip Code: _____

BASIC STUDENT INFORMATION:

Student ID# _____ Date of Birth: _____

High School Graduate? *Yes / No* >> Graduation Year: _____

GED Completion? *Yes / No* >> Completion Year: _____

Military Service/Veteran? *Yes / No* Previous College Attendance? *Yes / No*

DISABILITY DISCLOSURE: (check all that apply to you)

- ATTENTION DEFICIT (ADD/ADHD)
- AUTISM SPECTRUM DISORDER (including Asperger's)
- DEAF and HARD OF HEARING
- HEAD / BRAIN INJURY (TBI)
- INTELLECTUAL DISABILITY (such as low IQ)
- LEARNING DISABILITY (including dyslexia and cognitive)
- MENTAL HEALTH / PSYCHIATRIC (anxiety, depression, etc.)
- PHYSICAL / MEDICAL / MOBILITY (including seizures)
- VISION
- OTHER (if you are not sure where you fit into the above)

DISABILITY DOCUMENTATION:

Has your disability been professionally diagnosed or evaluated?

Yes / No If yes, when was it originally identified _____

Can you provide us with documentation from a professional (such as a diagnosis with functional limitations listed, an IEP from high school, psycho-educational testing results, audiogram etc.)? *Yes / No*

If yes, bring it with you to your intake appointment.

EMERGENCY PROCEDURES:

Does your disability affect you in an emergency situation? (such as fire alarms, severe weather sheltering, shelter in place, evacuation, etc.)

Yes / No If no, skip to signature line. If yes, continue to next question.

In case of emergencies, can you hear alarm signals and instructions?

Yes / No

In case of emergencies, can you take stairs to get to safe locations?

Yes / No

In case of emergencies, could you walk to the outer drive on the campus?

Yes / No

In case of emergencies, would you need any other special assistance?

Yes / No

If yes, what would that be _____

Student Signature _____

Date: _____

PERMISSIONS STATEMENT:

I authorize the office of Student Support Services at Oklahoma City Community College to share pertinent information relating to my needs for accommodations/academic adjustments with the appropriate faculty and staff at Oklahoma City Community College. I acknowledge that this information will typically be shared automatically through online class rosters for the courses I am registered in. If greater details are required, an email or phone conversation concerning those details may also take place.

I further acknowledge that it is my responsibility to discuss these accommodations/academic adjustments with each of my instructors to get them implemented in those classes each semester.

Signature: _____

Date: _____

YOUR INTAKE INTERVIEW APPOINTMENT:

Once you have completed this form you need to schedule an appointment to meet with a member of the Student Support Services staff for your disability intake interview. You can stop by in person with this form (and any pertinent documentation) or call the Student Support Services office at 682-7520 to schedule the appointment.