

Services for Students with Disabilities

OFFICE USE ONLY	
Received	
Intake	

Pre-Registration Form

This form is required for new and current students to establish eligibility for accommodations under the Americans with Disabilities Act and other applicable laws and regulations.

The information provided will be used as a starting point for determining appropriate accommodations and to facilitate the accommodation process.

Name:			
DOB:	Student ID #:		
Address:	City:	State:	Zip:
Phone #:		_	
Identify any disability for which you	ou may require an accommodation:		
•	was originally diagnosed (if no profession might have the above disability or refe	_	
☐ Psychologist/Psychiatrist	☐ College Instructor/Advisor (OTECH or other)	☐ Socia	l Worker
☐ Guidance Counselor (K-12 School)	☐ Medical Doctor	☐ Paren	t or Other Relative
☐ Rehabilitation Services (Vocational Rehabilitation)	☐ Therapist	☐ Self-l	Diagnosed/Determined
	☐ Other (please specify)		

if possible, focus on	issues related to you		d (or anticipate) related to the alamples: I cannot complete some	
			pported by documentation from the diagnosed disability and/or	
	\square YES	\square NO	\square NOT SURE	
			e you, as a student, to overcome e interpreters for all lectures.)	the limitation(s)
Student Signature:			Date:	

Please complete this form and bring it with you when you make an appointment with the ADA Coordinator.

Appointments can be made by calling 801-627-8321.