CENTRAL STATE UNIVERSITY
Office of Academic Empowerment & Accessibility

SELF-IDENTIFICATION INTAKE FORM

Central State University is committed to providing equal access to all of its programs, courses, activities, events and services. As required by the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, Central State University will provide reasonable accommodations to qualified students with disabilities.

This form is to be completed by the STUDENT requesting accommodations. If assistance is needed, please ask staff to help. Please fill out the form, as completely as possible. This form, along with appropriate and sufficient documentation, must be submitted to the Office of Academic Empowerment & Accessibility before your required Intake Meeting can be scheduled with the ADA Compliance Coordinator.

STUDENT INFORMATION

Campus: _____ Main Campus (Wilberforce, Ohio) _____ Dayton Campus _____ Career Plus/Union

Student Name: _____ Today's Date: _____
First Last

HOME ADDRESS: _____
Number Street City State Zip

Student ID#: 000_____ Phone: _____ DOB: _____/_____/_____

CSU Email: _____**@central.ces.edu** or _____**CSU@centralstate.edu**

Alternate Email: _____

RESIDENTIAL STUDENT: Resident Hall: _____ Room #:_____

COMMUTER STUDENT (A commuter student is one who lives off campus, but attends classes on the main campus in Wilberforce, Ohio): Please provide your full address:

_____
Number Street City State Zip Code

Emergency Contact: _____ Relation: _____ Phone: _____

Major: _____ **Advisor/Faculty Advisor**: _____

Are you currently a visiting summer student from another college/university? YES _____ NO _____

Please identify one classification:

_____ First Semester Freshman _____ Second Semester Freshman _____ Continuing Freshman
_____ Sophomore _____ Junior _____ Senior _____ CCP (College Credit Plus) Student

Are you a **STUDENT ATHLETE** at CSU? YES _____ NO _____

Are/were you a **TRANSFER** student? YES _____ NO _____

- If YES, did you receive accommodations at your previous institution? YES _____ NO _____
- List last college attended where accommodations were received: _____

Are you in **TRIO**/Student Support Services? YES _____ NO _____

Are you an **INTERNATIONAL** Student? YES _____ NO _____

Are you a **VETERAN** of the U.S. Armed Forces? YES _____ NO _____

PREFERRED PRONOUN

Please tell us what pronouns you prefer that we use when communicating with you.

_____ He/Him/His _____ She/Her/Hers _____ They/Them/Theirs

ACADEMIC STRENGTHS & CHALLENGES

What type of learner are you? _____ Visual _____ Auditory _____ Read/Write _____ Hands-On

What type of learning environment is best for you?

_____ Traditional/Lecture _____ Online _____ Interactive/Hands-On

Have you ever taken an online class in high school or at a previous college/university?
YES _____ NO _____

How would you describe your study habits? _____ Poor _____ Average _____ Good

What time of day are you most focused and productive?

_____ Morning _____ Afternoon _____ Evening

What subjects do you enjoy most? _____

What subjects do to struggle with the most? _____

<u>DECLARED DISABILITY</u> (Check all that apply and specify)

According to the Americans with Disabilities Act, a disability is defined as a "physical or mental impairment that substantially limits one of more of the major life activities of such individuals; including people with a record of such an impairment or are regarded as having such an impairment."

☐ ADHD	☐ Autism Spectrum Disorder	☐ Deaf/Hard of Hearing
☐ Intellectual Disability	☐ Speech Impairment	☐ Visual Impairment/Blind
☐ Mobility/Physical Impairment	☐ Traumatic/Acquired Brain Injury	☐ Health Impairment Specify: _____
☐ Psychiatric/Psychological Specify: _____	☐ Learning Disability Specify: _____	☐ Other Specify: _____

Is your disability temporary or permanent? _____ Temporary _____ Permanent

What was the date and/or year of your initial diagnosis of the disability? _____

Do you have sufficient documentation of your disability with you today (i.e. Copy of Evaluation Report, Copy of IEP, Copy of 504 Plan, medical or other proper documentation)? YES _____ NO _____

Please check each of the following major life activities that are impacted by your disability. Indicate the severity of limitations:

LIFE ACTIVITY	NO EFFECT	LITTLE EFFECT	MODERATE EFFECT	SUBSTANTIAL EFFECT	NOT SURE
Concentrating	☐	☐	☐	☐	☐
Memory	☐	☐	☐	☐	☐
Eating	☐	☐	☐	☐	☐
Social Interactions	☐	☐	☐	☐	☐
Self-Care	☐	☐	☐	☐	☐
Regular Class Attendance	☐	☐	☐	☐	☐
Speaking	☐	☐	☐	☐	☐
Learning	☐	☐	☐	☐	☐
Reading	☐	☐	☐	☐	☐
Thinking	☐	☐	☐	☐	☐
Communicating	☐	☐	☐	☐	☐
Writing	☐	☐	☐	☐	☐
Keeping Appointments	☐	☐	☐	☐	☐
Stress Management	☐	☐	☐	☐	☐
Managing Distractions	☐	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐	☐
Walking	☐	☐	☐	☐	☐
Organization	☐	☐	☐	☐	☐

Describe how your disability affects your academic or daily activities (i.e. barriers in the classroom, when taking tests, challenges in the housing environment or at events on campus, etc.):

_____
_____
_____
_____
_____

List any **PRESCRIBED** medications directly associated with your disability that you are currently taking (include the name of medication prescribed):

_____
_____

List any **SIDE EFFECTS** related to treatment or medications that may be relevant to identifying accommodations:

_____
_____

Check all of the following outside agencies from which you have received support and assistance:

☐ Vocational Rehabilitation ☐ Veterans Administration ☐ Opportunities for Ohioans w/Disabilities
☐ Services for the Deaf and Hard of Hearing ☐ Other: _____

ACCOMMODATION REQUEST:

What accommodations do you believe would be helpful to you as a student at Central State University? Prior accommodations received in high school or at another college may be listed for discussion purposes.

_____
_____
_____
_____
_____

NOTE: *Accommodations are reviewed and approved based on the supporting documentation you provide AND an intake interview with the ADA Compliance Coordinator.*

STUDENT RESPONSIBILITY AGREEMENT

PLEASE READ AND INITIAL EACH STATEMENT BELOW:

My initials and signature below affirms that I providing self-disclosure of my learning difference and/or physical/mental condition as defined by the Americans with Disabilities Act and Section 504, in the Office of Academic Empowerment & Accessibility (OAEA). I fully understand that despite my disability:

_____ I understand that all information regarding **my disability is confidential** and **I accept responsibility for providing sufficient and proper documentation** to the Office of Academic Empowerment & Accessibility staff so that I may receive accommodations.

_____ **I am responsible for following the University policies** and the Student Code of Conduct at Central State University.

_____ I understand that **I am my own advocate** and I must initiate all communication regarding utilization of accommodations or services. I am responsible for:

- **Requesting any instructional aids or support services associated with my approved accommodations**. This includes initiating the request for proctoring services, when needed, with my Instructors and through the Office of Academic Empowerment & Accessibility and with my Instructors.
- **Reporting any problems, issues or concerns** with my approved accommodations and services to the ADA Compliance Coordinator in the Office of Academic Empowerment & Accessibility.

_____ In order to receive Letters of Accommodation (LOA) to share with my Instructors, **I must request accommodations <u>each semester</u>, even if my list of accommodations will not change from semester to semester.** Accommodations are not retroactive and do not transfer from semester to semester, unless an official request has been made.

_____ Upon receiving Letters of Accommodation (LOA), it is my responsibility to **<u>confirm</u> <u>delivery</u> and <u>discuss</u> my approved accommodations with <u>each</u> of my Instructors.**

_____ I acknowledge and understand that this form is my official **request for accommodations this semester and will be reviewed and approved** within 1-5 business days from the date of receipt of this form to the ADA Compliance Coordinator in the Office of Academic Empowerment & Accessibility.

Student Name (PRINT): _____

Student Signature: _____ *Date:* _____

ADA Compliance Coordinator: _____ *Date:* _____

The ADA Compliance Coordinator adheres to strict standards of confidentiality and is compliant with the Family Educational Rights & Privacy Act (FERPA). All forms and documentation are stored in a secure location and reviewed only by authorized personnel.