



**Office of Accessibility**  
Auburn Career Center  
8140 Auburn Rd.  
Concord Twp., OH 44077  
Phone: 440-357-7542  
Fax: 440-358-8012  
www.auburncc.org

# Preliminary Intake History

## Personal Information (Please print clearly)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

Are you registered with BVR or BSVI?  Yes  No

If yes, what is your counselor or case manager's name? \_\_\_\_\_

## Program Information

Program Enrollment \_\_\_\_\_ Start Date \_\_\_\_\_

## Disability Information

Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Acquired Brain Injury         |
| <input type="checkbox"/> Chronic Health Condition                        | <input type="checkbox"/> Cognitive Learning Disability |
| <input type="checkbox"/> Deaf/Hearing Loss                               | <input type="checkbox"/> Mobility Impairment           |
| <input type="checkbox"/> Neurological Condition                          | <input type="checkbox"/> Physical Disability           |
| <input type="checkbox"/> Pervasive Developmental Disorder (PDD)          | <input type="checkbox"/> Psychological Disability      |
| <input type="checkbox"/> Visual Impairment                               | <input type="checkbox"/> Other _____                   |

Using your own words, please describe your disability (ies) and how it affects your ability to function in an educational environment. \_\_\_\_\_

Please list any current medications or therapies you are receiving.

## Accommodations

What accommodations have you previously used?

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Please list the accommodations/services you are requesting.

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If applicable, please list any adaptive technologies you will be using.

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The Office of Accessibility maintains records of a student's disability according to the guidelines of the Family Educational Rights and Privacy Act (FERPA). These records are maintained in the Office of Accessibility, separately from the student's academic records, which are maintained elsewhere in the institution. Records received by the Office of Accessibility that appear to contain information unrelated to the determination and provision of academic accommodations, auxiliary aids and services will be returned to the provider. Information retained by the Office of Accessibility will be only that which is determined to be related to the disability and provision of academic accommodations.

**By initialing and signing the statements below you agree to the following:**

- I understand that admission to Auburn Career Center is a separate process.
- I understand I must submit documentation of my disability prior to meeting with a specialist for an intake appointment.
- I authorize the Office of Accessibility to contact my physician to clarify any questions regarding my documentation.
- I understand that submitting this form does not automatically qualify me for accommodations and/or services.
- I understand I will not be eligible to receive services until all documentation is provided.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_