

Chattanooga State Community College Disabilities Support Services Intake Form

Disabilities Support Services (DSS) is committed to providing equal access to all facilities, programs, and services. We encourage you to provide complete, candid, and realistic information concerning the nature of your disability and any support you believe you need to begin or continue your studies at Chattanooga State. The information provided on this form will be kept confidential, and will not be shared with anyone without your permission. Information provided on this form has no bearing on admission determination.

Name _____ A# _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers (Home/Cell) _____ (Home/Cell) _____

Email address _____

Emergency Contact _____
Name Phone Number Relationship to student

Is this your first time in college? Yes No Current Major _____

If no, where did you attend before? _____ When? _____

Reason for leaving _____

Are you a first time student at Chattanooga State? Yes No If no, when were you last here? _____

Reason for leaving _____

Do you work? Yes No If yes, where? _____

How many hours per week? _____ Do you plan to work those hours while you are in college? Yes No

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

TYPE OF DISABILITY	(OPTIONAL) RACE/ETHNICITY
ADD/ADHD	African American
Autism Spectrum Disorders	Alaskan Native
Cognitive Disability	Asian
Learning Disability	American Indian
Vision Impairment	Native Hawaiian/Pacific Islander
Hearing Loss	White
Speech/Language Disorder	
Seizure Disorder	
Psychological/Psychiatric Disability	Hispanic/Latino(a)/Spanish origin?
Physical/Mobility/Orthopedic Disability	
Chronic Health Impairment	Yes
Traumatic/Acquired Brain Injury	No

In your own words, please tell us how your disability affects you in your daily life, particularly how you have dealt with school in the past, any strategies or tools you have developed over the years, special equipment you use, anything you can think of that would help us understand you and your disability better. _____

Please describe any services, modifications, or accommodations you have received in the past (in high school, at other colleges, on the job, etc.) _____

Please list any state or federal agencies you are currently working with, your counselor, and their contact information

Signature _____ Date _____