



**ACCESSIBILITY SERVICES**

Wellness Center, Room 118

Office Phone: 716-827-2579

Email: [WellnessCenter@trocaire.edu](mailto:WellnessCenter@trocaire.edu)

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**Accessibility Services Intake Form**

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
# and Street City State Zip

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_@trocaire.edu

High School \_\_\_\_\_  GED Date of Graduation/GED \_\_\_\_\_

Documentation has been submitted:  Yes  No

Disability: (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Deaf/Hearing Impairment      | <input type="checkbox"/> Psychological/Emotional | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Speech/Language Impairment   | <input type="checkbox"/> Speech/ Language        | <input type="checkbox"/> ADD/ADHD                |
| <input type="checkbox"/> Traumatic Brain Injury (TBI) | <input type="checkbox"/> Visual Impairment       | <input type="checkbox"/> Autism                  |
| <input type="checkbox"/> Learning Disability          | <input type="checkbox"/> Physical Impairment     | <input type="checkbox"/> Other: _____            |

**Medical/Health History:**

What is your diagnosed disability? \_\_\_\_\_

What creates barriers/challenges for you as student?

**Educational History:**

What are your academic goals?

Please describe any accommodations/ support services and/or assistive technology you have used in previous academic settings:

Check the areas of difficulty you experience in a college environment (check all that apply)

<b>Test Taking</b>	<b>In Class</b>	<b>Class Assignments</b>	<b>Homework</b>
<input type="checkbox"/> Multiple Choice	<input type="checkbox"/> Listening	<input type="checkbox"/> Papers	<input type="checkbox"/> Reading Comp
<input type="checkbox"/> Essay	<input type="checkbox"/> Notetaking	<input type="checkbox"/> Presentations	<input type="checkbox"/> Writing/ Typing
<input type="checkbox"/> Reading Questions	<input type="checkbox"/> Sitting for long times	<input type="checkbox"/> Group Projects	<input type="checkbox"/> Research
<input type="checkbox"/> Grammar/Spelling	<input type="checkbox"/> Focusing	<input type="checkbox"/> Lab Projects	<input type="checkbox"/> Short Term Memory
<input type="checkbox"/> Finishing on Time	<input type="checkbox"/> Speaking aloud		

Comments:

How did you learn about our services (check all that apply)?

Rehabilitation agency

High school representative

Self

Another Student

Literature/ publication

Website

Trocaire faculty/staff

Parent

Other

What accommodations are you requesting?

**⊗ Please Stop Here**

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Approved Accommodations Eligible For:

Reason For any Accommodation Requests not being approved at this time:

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

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

**Release of Information**

I, \_\_\_\_\_ give Accessibility Services permission to share relevant information on a need to know basis with Trocaire administrators, instructors, staff, or emergency personnel. I give permission at the start of each semester for the Office of Accessibility Services to release information regarding what academic accommodations I am eligible for to my current academic instructors.

Information contained within the file will be kept confidential and will not be shared with anyone outside of Trocaire College without your expressed authorization. This consent automatically expires upon graduation or leaving the college.

Signature \_\_\_\_\_

Date \_\_\_\_\_