

INSTRUCTIONS FOR REQUESTING OSWD SERVICES

Office for Students with Disabilities, Gallaudet University

ALL of the following information **MUST** be submitted:

1. **DOCUMENTATION** of your disability from the appropriate professional such as; physician, learning disability diagnostician, psychologist, and/or psychiatrist.

The documentation for eligibility should be current (within 3 years), and include a summary of assessment procedures, when the diagnosis was first reported; medical information relating to the student's needs to meet the demands of the academic environment; and a statement on the impact of life activities on this student. Last, the documentation should be typed on the health care practitioner's formal letterhead. (Please note: IEPs and Form 504 are not acceptable in lieu of medical documentation.)

2. A completed **INTAKE FORM**

3. A **PERMISSION TO RELEASE AND OBTAIN INFORMATION FORM**

MAIL TO:

Gallaudet University
Office of Students with Disabilities
I. King Jordan Student Academic Center Room 1220
800 Florida Avenue, NE
Washington, D.C. 20002

FAX:

(202) 651-5887

BRING TO:

I. King Jordan Student Academic Center Room 1220

QUESTIONS?

PHONE:

(202) 651-5256

VIDEOPHONE:

(202) 250-2059

This intake form, once submitted, will be valid for one year from the date received at the Office for Students with Disabilities. This paperwork is confidential, and will not be discussed outside the OSWD at Gallaudet University.

INTAKE FORM

Office for Students with Disabilities, Gallaudet University

DATE: _____

STAFF NAME: _____

REFERRED BY: _____

STUDENT INFORMATION

NAME: _____

MALE ____ FEMALE ____

SOCIAL SECURITY NUMBER: _____

BIRTH DATE: _____

GALLAUDET ID NUMBER: _____

E-MAIL: _____ PHONE: _____

CAMPUS P.O. BOX: _____

DORM NAME: _____ VIDEOPHONE: _____

PAGER/PDA ADDRESS: _____

HOME ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____

PARENT/GUARDIAN'S NAME: _____
(if the student is under 21 years of age.)

CONTACT INFORMATION: _____

ARE YOU A UNITED STATES CITIZEN? YES ____ NO ____

IF "NO," WHAT IS YOUR VISA STATUS? F1 ____ J1 ____ B1 ____ B2 ____

HAVE YOU USED OSWD SERVICES BEFORE? YES ____ NO ____

IF "YES," WHEN? _____

HAVE YOU USED DISABILITY SUPPORT SERVICES AT ANY OTHER UNIVERSITY BEFORE?

YES _____ NO _____

EDUCATION

NAME OF HIGH SCHOOL _____

CITY/STATE _____

TYPE OF HIGH SCHOOL ATTENDED _____

1. RESIDENTIAL _____ 2. MAINSTREAM PUBLIC _____ 3. MAINSTREAM PRIVATE
_____ 4. DAY PROGRAM _____ 5. OTHER _____

<i>Type of School</i>	<i>Name of school and City/State</i>	<i>To</i>	<i>From</i>	<i>Degree</i>	<i>Major</i>	<i>GPA</i>

Tell us about yourself...

DEMOGRAPHIC DATA

CLASS

- PREP
- FRESHMAN
- SOPHOMORE
- JUNIOR
- SENIOR
- GRADUATE MA/MS
- GRADUATE PH.D.
- INTERNATIONAL
- SPECIAL STUDENT
- TRANSFER
- VISITING STUDENT

RACE/ETHNIC GROUP

- ASIAN/PACIFIC ISLANDER
- AFRICAN AMERICAN/BLACK
- BI-RACIAL
- CAUSASIAN/WHITE (NON-HISPANIC)
- HISPANIC/LATINO
- OTHER
- PLEASE LIST: _____

COMMUNICATION MODE

- AMERICAN SIGN LANGUAGE
- FINGER SPELLING
- HOME SIGNS/GESTURES
- LIP READING
- ORAL
- PIDGEON SIGNED ENGLISH
- RESIDUAL HEARING
- SIGNED ENGLISH
- TACTILE SIGN
- TRACKING SIGN
- VOICE AND SIGN
- OTHER
- PLEASE LIST: _____

FINANCIAL SUPPORT

- COLLEGE WORK STUDY
- FULL-TIME EMPLOYMENT
- GRANT
- LOAN
- PARENTS
- PART-TIME EMPLOYMENT
- SCHOLARSHIP
- SSI/SSDI
- STIPEND
- VETERANS
- VOCATIONAL
- REHABILITATION
- OTHERS
- PLEASE LIST: _____

Optional

IF RECEIVING VOCATIONAL
REHABILITATION, PLEASE LIST
YOUR COUNSELOR:

PHONE: _____
E-MAIL: _____

Tell us about your disability or disabilities...

TYPE OF DISABILITY

PRIMARY DISABILITY

Primary Disability Secondary Disability

AGE OF ONSET

- ___ ___ ATTENTION DEFICIT DISORDER (ADD/ADHD)
- ___ ___ AIDS/HIV
- ___ ___ AMPUTATIONS
- ___ ___ ARITHRITIS
- ___ ___ BURNS
- ___ ___ CANCER
- ___ ___ CARDIOVASCULAR DISORDER
- ___ ___ CELEBRAL PALSY
- ___ ___ DIABETES
- ___ ___ EPILEPSY
- ___ ___ FIBROMYALGIA
- ___ ___ HEARING IMPAIRMENT/DEAFNESS
- ___ ___ LEARNING DISABILITY
- ___ ___ MENIERES DISEASE MULTIPLE SCLEROSIS NEUROMUSCULAR DISABILITIES
- ___ ___ PHYSICAL DISABILITIES
- ___ ___ PSYCHOLOGICAL/PSYCHIATRIC DISABILITIES
- ___ ___ PULMONARY DYSFUNCTION
- ___ ___ STROKE/CEREBRAL TRAUMA
- ___ ___ TRAUMATIC BRAIN INJURY (TBI)
- ___ ___ VISUAL IMPAIRMENT/BLINDNESS
- ___ ___ OTHERS
- ___ PLEASE LIST: _____

DEGREE OF DISABILITY

- ___ MILD
- ___ MODERATE
- ___ SEVERE

TREATMENTS

MEDICATIONS (*include dates*):

SURGERIES (*include dates*):

SUPPORTIVE SERVICES RECEIVED

- ___ COMMUNICATION THERAPY
- ___ OCCUPATIONAL THERAPY
- ___ ORIENTATION AND MOBILITY TRAINING
- ___ PHYSICAL THERAPY
- ___ PSYCHOLOGICAL COUNSELING
- ___ SELF-CARE THERAPY
- ___ SPEECH & COGNITIVE THERAPY THERAPY
- ___ VISUAL THERAPY

Do you use these ASSISTIVE DEVICES?

- BRACES
- BRAILLE
- CANE
- CART
- CLOSED CIRCUIT TELEVISION
- CRUTCHES
- DPS 11-LARGE PRINT COMPUTER
- ENLARGED PRINT
- GLASSES/SUNGLASSES
- GUIDE DOG
- JAWS
- KURZWEIL READER
- MAGNIFYING DEVICES
- MONOCULAR
- PERKINS BRAILLER
- SCREEN READER SOFTWARE
- TELEBRAILLE
- WALKER
- MANUAL WHEELCHAIR
- POWERED WHEELCHAIR
- ZOOMTEXT
- OTHERS
- PLEASE LIST: _____

What ACCOMMODATIONS will you be requesting at Gallaudet University?

- ADAPTIVE TECHNOLOGY
- ADVOCACY TRAINING
- BOOKS IN ELECTRONIC FORMAT (E-BOOKS)
- BRAILLE/LARGE PRINT
- CART
- COURSE SUBSTITUTION
- DISABILITY COUNSELING
- DORMITORY ACCOMMODATIONS
- EARLY REGISTRATION
- EXTENDED STUDY TIME
- EXTENDED TIME ON ASSIGNMENTS
- INTERPRETING SERVICES
- MOBILITY TRAINING
- NOTE TAKING SERVICES
- READER/SCRIBE
- REDUCED COURSELOAD
- STUDENT ADVISORY BOARD
- TESTING ACCOMMODATIONS
- SIGN LANGUAGE INTERPRETING
- WHEELCHAIR REPAIR
- VOICE INTERPRETING
- OTHERS
- PLEASE LIST: _____

Please answer the following questions:

A) I AM A STUDENT WITH A DISABILITY OR DISABILITIES WHO HAS LEARNING AND PERFORMANCE STRENGTHS IN THESE AREAS:

B) DESCRIBE HOW YOUR DISABILITIES IMPACT YOU NOW:

C) MY STRONG POINTS IN THE ACADEMIC ENVIRONMENT ARE:

D) IF APPLICABLE, HAVE YOU BEEN TRAINED TO USE ADAPTIVE TECHNOLOGY?

E) HOW DOES YOUR DIAGNOSIS/MEDICATIONS AFFECT YOUR ABILITY TO FUNCTION EFFECTIVELY ON-CAMPUS?

FOR OFFICE USE ONLY – DO NOT WRITE ON THIS PAGE

1. REASON FOR REQUEST OF SERVICES

2. OBSERVATIONS/COMMENTS

3. REASON FOR LEAVING PROGRAM

- ACADEMIC DISMISSAL
- GRADUATION
- WITHDREW (MEDICAL, PERSONAL, ETC)
- FOUND EMPLOYMENT
- TRANSFER TO ANOTHER SCHOOL
- FINANCIAL
- OTHER

DATE OF LEAVING OR BEING TERMINATED FROM THE PROGRAM:
