



DISABILITY SERVICES
Carstensen Hall, Second Floor
174 University Avenue
Bridgeport, CT 06604
203-576-4454
disabilityservices@bridgeport.edu

Intake Form

Date: _____ Semester of Admission: Fall _____ Spring _____ Summer _____

Name: _____ Student ID# _____

Age: _____ Date of Birth _____

Home Address: _____

City and State (or country): _____

Preferred Contact Phone #: _____ Preferred Email Address: _____

Student Status: Full-time ___ Part-time ___ Major: _____

Undergraduate: ___ IDEAL ___ International Student: ___ ELI: ___ Veteran: ___

Graduate: ___ Chiropractic: ___ Naturopathic: ___ Dental Hygiene: ___ Engineering: ___

If you need assistance answering the following questions, please contact the Disability Services Coordinator for assistance.

Please describe your disability or condition below:

How does your disability affect your academic performance?

What strategies have you used to compensate for the disability?

Are there any academic adjustments (accommodations) you are requesting that may compensate for the disability when performing academic tasks?

What type of services do you need from Disability Services? (Please check all that apply.)

Classroom and/or other accommodations and/or auxiliary aids

Use of adaptive technology

Housing accommodations

Other _____

Do you have any health problems that cause frequent absences from class? Yes No _____

Is English your first language? Yes No (If no, what is? _____)

Do you have any mobility restrictions? Yes No (If yes, what are they?)

Do you have any allergies to medications or food? Yes No (If yes, what are they?)

Is there any other information that you think we should know so that we can better understand your needs and assist you?

To be completed by Disability Services Staff

Today's Date _____

Staff: _____

DOCUMENTATION STATUS:

No documentation Ref. Testing

Will provide documentation

Updated documentation requested

Documentation Received