

INTAKE FORM

| Date: | Semester of Admission: | Fall | Spring | Summer |
|-----------------|------------------------|------|--------|-----------|
| Name: | ID#: | | Date c | of Birth: |
| Street Address: | City: | | State: | Zip Code: |

Norwalk Community College 188 Richards Avenue Norwalk, CT 06854-1655

Telephone #:

E-mail Address:

Are you currently a client of a state agency such as the *Bureau of Rehabilitation Services*, the *Board of Education Services for the Blind*, the *Commission on the Deaf and Hearing Impaired* or any other state agency?

If you answered "Yes," what is the name of the agency?

Who is your counselor at the agency?

If you need assistance answering the following questions, you can discuss it with the coordinator:

- 1. What is your disability?
- 2. How does your disability affect your academic performance?
- 3. What strategies have you utilized to compensate for the disability?
- 4. Are there any academic adjustments (accommodations) you are requesting that may compensate for the disability when performing academic tasks?

Board of Trustees, Community Colleges of Connecticut

Norwalk Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Dean Rose Ellis, East Campus, Room E312, 203-857-7202.