**Application for Student Disability Services (SDS)**

**Intake Form**

**\*Alternative formats and/or reader or scribes are available upon request\***

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| **STUDENT INFORMATION** |

**Date:** **Referred by**:

**First name:** **Middle Initial:** **Last name:**

**Preferred name (if different):** **Date of birth:**

**EWU Student ID:** **EagleNet account**:

**Local address/Residence Hall:**

**Permanent address:**

**Cell phone:** **Home phone:**

All official university communications go to your eagles email account

**EWU email:** @eagles.ewu.edu

**Emergency contact information:**

**Name:**  (parent, guardian, other relative)

**Relationship to you**: **Cell phone:**

**Class standing (check all that apply):**   Incoming Accepted Student  Graduate Student  Transfer Student

If Transfer Student, from where are you transferring?

**Class Standing (Undergraduates):**

1st Year  Sophomore  Junior  Senior

**Major (if declared):**

**Class Standing (Graduate Students):**

1st Year  2nd Year  3rd Year  4th Year

**Declared Program:**

**Are you a University athlete?** Yes  No **Which Sport?**

**Are you a military veteran?**  Yes  No **Registered with EWU VRC?** Yes  No

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| **DISABILITY INFORMATION** |

1. **Please describe your documented disability/diagnosis:**
2. **If known, at what age were you diagnosed?**
3. **Please describe how your disability impacts your ability to function in the following settings:**

Academic classroom settings:

Social/Personal/Living environments:

Mobility around community/ activities and/or campus environment :

1. **Please explain any current relevant treatments or therapy:**
2. **Are you registered with Department of Services for the Blind?**  **Yes**  **No**
3. **Are you registered with the Division of Vocational Rehab?**  **Yes**  **No**
4. **Please list any other relevant community agency or campus resource that you utilize.**
5. **Documentation Requirements:** Documentation of diagnosis from a physician/clinician or from a psycho-educational testing report is necessary to complete the Intake process and approve accommodations. Documentation requirements are different depending on the nature of the disability and who completed the diagnoses. Please see Documentation Requirements on the [DSS website](https://sites.ewu.edu/dss/documentation-and-policies/), and be sure to bring documentation to the Intake meeting, if not sent prior to the meeting. We also have a Disability Verification form to guide physicians/clinicians. [See DSS Forms](https://sites.ewu.edu/dss/forms/).

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| **Accommodation History** |

**1. Did you receive accommodations in High School?**  **Yes**  **No**

**2. Did you have an IEP or a 504 plan?**  **Yes**  **No**

**3. Did you receive accommodations at another institution of higher education?**  **Yes**  **No**

**4. Please list the accommodation/s and/or auxiliary aids/services you have used in the past in high school, or other college’s classrooms, or in living or working environments.**

**5.** **Please identify the nature of your current accommodation request:**

Academic

Residential

General Campus Access

**Confidentiality Statement: Student’s DSS paper and electronic information is considered confidential pursuant to FERPA, and is kept secured.  Information about disabilities and the use of accommodations is only used to arrange accommodations with other staff and faculty on a need to know basis, and is not recorded on any EWU school record or transcript. In accordance with FERPA, disability related documents will not be released to persons who are not school officials without written consent of the student, unless a FERPA exemption applies. Students have the right to review the contents of their files with a DSS Disability Specialist. Please complete a** [Release of Information Form](https://d3tb2mkdocc4em.cloudfront.net/dss/wp-content/uploads/sites/58/2017/09/9-Release-of-Information.pdf)**.**

Reasonable accommodations will be determined and approved only after an in person Intake Meeting or shortly thereafter. Accommodations are based on student self-report and review of appropriate supporting documentation.

I affirm that I have completed this application truthfully and that I have read and understand the confidentiality statement and stated policies and procedures herein.

**Student Signature**: **Date:**

**\*Please submit this form and contact the DSS office to arrange an Intake Meeting\***

DSS Office 121 Tawanka Cheney, WA 99004

[dss@ewu.edu](mailto:dss@ewu.edu) / 509-359-6871 (O) / 509-359-7458 (F)