



OFFICE of ACCESSIBILITY SERVICES

PITT COMMUNITY COLLEGE

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INTAKE FORM FOR SERVICES

SECTION I: STUDENT INFORMATION

Name _____ Student ID# _____
 Date of Birth _____ Date of Application _____
Month/Day/Year Month/Day/Year

Address _____
Street and Number City State Zip Code

Home Phone _____ Cell Phone _____
 Campus Email _____ Personal Email _____
 Program of Study _____
 Do you have a Legal Guardian? ___ Yes ___ No
 Name of Legal Guardian _____
 Legal Guardian's Phone No. _____

SECTION II. DIAGNOSIS (SELECT ALL THAT APPLY):

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Deaf	<input type="checkbox"/> Orthopedic/Mobility
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Psychiatric
<input type="checkbox"/> Autism	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Spinal Cord Injury/Mobility
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Temporary Disability	<input type="checkbox"/> Organic Brain Disorder	<input type="checkbox"/> Other _____
<small>(Seizure, Cancer, etc.)</small>		

Describe your disability and how it affects your performance as a student.

Accommodation Requests (Specify below) Note: Accommodations are approved based on the supporting documentation you provide and an intake interview with an Accessibility Services Counselor.

BRING THIS FORM TO YOUR INTAKE APPOINTMENT WITH YOUR ACCESSIBILITY SERVICES COUNSELOR.

SECTION III. STUDENT’S RESPONSIBILITIES

Initial Below: (Read first)

_____ I understand that I am responsible for providing diagnostic documentation of my disability along **with** this Intake Form to become registered with the Office of Accessibility Services.

_____ My signature below affirms that I am registering with PCC’s Office of Accessibility Services as a student with a disability as defined by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

_____ I understand that despite my disability, I must meet the minimum/technical standards as set forth by my program of study and the classes I take with or without accommodations.

_____ I am responsible for following the College’s policies and the PCC Student Code of Conduct found in the College Catalog and online. If you need a copy, please ask your counselor.

_____ I need to meet with my Accessibility Services Counselor/Director at the beginning of **each** term to get my Accommodation Notification Forms to give to my instructor(s).

_____ I need to meet with my instructor(s) to discuss my accommodations.

SECTION IV. CONFIDENTIALITY STATEMENT

I _____, understand that the Office of Accessibility Services will
(Student Name)

not release any of my confidential information to others without my consent or completion of a signed “Consent for Release of Confidential Information” and a signed “Permission to Disclose Records” form unless otherwise required by law.

Student Signature (and Parent/Guardian Signature if under age 18)

Date

Legal Guardian’s Signature

Date

OAS Staff

Date