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Intake Form

Personal Information

Name: _____ Date: _____

PID#: _____ DOB: _____

Local Address: _____

Local Phone: _____ Cell Phone: _____

Permanent Address: _____

Permanent Phone: _____ Email: _____

I want OSD correspondence sent to: [ ] my local address [ ] my permanent address

Academic Information

College/Division: _____ Major: _____

Class Level: _____ Minor: _____

Check One: [ ] Undergraduate [ ] Graduate [ ] Professional School [ ] Non-Degree

Current GPA: _____ Academic Advisor: _____

Are you a transfer student? [ ] NO [ ] YES (from where?) _____

If attending graduate school or professional program, where did you attend school previously?

_____

First quarter at UCSD: _____ How many quarters have you attended at UCSD? _____

Have you ever taken a leave of absence or withdrawn for a quarter?

[ ] NO [ ] YES (when?) _____

Disability Information

Who referred you to OSD or how did you hear about the department? _____

Are you a [ ] U.S. veteran or a [ ] veteran from another country?

What do you believe is your medical issue, educational difficulty, and/or mental health condition for which you are requesting accommodations? Check all that apply.

[ ] Attention Deficit Disorder with or without Hyperactivity
[ ] Chronic Health Condition _____
[ ] Learning Disability
[ ] Blind/Visual
[ ] Psychological _____
[ ] Other _____
(Specify)

[ ] Mobility Impairment
[ ] Deaf/Hard of Hearing
[ ] ABI/TBI
[ ] Speech/Communication
[ ] Physical

This condition is: [ ] Permanent [ ] Temporary (approx. end date) _____

Describe any difficulties you are currently having:
_____
_____
_____
_____

Current medications and dosage: _____
_____
_____
_____
_____

When was your prescription last changed? _____

Describe any side effects you are experiencing from your medications: _____
_____
_____
_____

Do you receive support from any state, local, or community organizations? [ ] NO [ ] YES

[ ] Department of Rehab
[ ] VA Rehab
[ ] RFBD
[ ] Access to Independence
[ ] Other _____

Name of Counselor _____ Phone _____

Address_____ Email _____

Accommodation Information

Do you have documentation of your condition? [ ] YES [ ] NO

When were you last evaluated and by whom? _____

Did you receive accommodations in the past for this condition? [ ] YES [ ] NO

For which quarter or period of study are you requesting accommodations? _____

List the accommodations you are currently requesting including those for campus living, exams, classrooms, and program modifications:

_____
_____
_____
_____
_____

Describe the accommodations you received in the past:

_____
_____
_____
_____
_____
_____

Describe any other issues in your life that may be currently impacting your academic progress:

_____
_____
_____
_____
_____

List any campus services you are currently utilizing:

[ ] CAPS [ ] OASIS/TRIO

[ ] Academic Assistance Program [ ] Other _____