

**Student Disability Services
North Iowa Area Community College**

INTAKE QUESTIONNAIRE

GENERAL INFORMATION

You should complete this form before you visit with the Counselor for Disability Services.

Today's Date: _____

Name: _____

SS#: _____

Address: _____

Student ID: _____

Telephone #: _____

Birth Date: _____

Email: _____

NIACC Entry Date: ___ Fall ___ Spring ___ Summer Year 20___

DISABILITY INFORMATION

1. For what diagnosed disability are you seeking accommodations?
(check all that apply)

- Attention Deficit Disorder ADD / Attention Deficit Hyperactivity Disorder (ADHD)
- Learning Disability (LD)
- Blind / Visual Impairment
- Mental Health Impairment
- Deaf / Hard of Hearing (HOH)
- Mobility Impairment
- Speech Impairment
- Chronic Illness
- Brain Injury
- Other (please specify) _____

2. When was this disability first identified or diagnosed? _____

3. Are you taking any medications that might affect your attendance or performance at college?
How may these medications affect your physical, sensory, perceptual, behavioral or cognitive performance?

4. Please provide a descriptive narrative of your disability in your own words and explain how it affects you in an academic setting (and living situation if staying in the NIACC residence halls):

5. How does your condition impact you... (attach an additional sheet if necessary)

A.. In classes (e.g. listening, note taking, speaking, writing, keyboarding, sitting, attendance)

B. On Evaluations (e.g. tests, papers, oral reports, group projects)

C. When Doing Out of Class Assignments (e.g. reading, writing, calculating, keyboarding, library work)

D. When There are Time Constraints (e.g. timed tests, deadlines, class schedule)

E. Mobility (e.g. manipulating objects, transportation, getting around)

F. Other areas affected

5. Have you received accommodations for this disability in the past? Yes No
If yes, what auxiliary aids, assistive devices, support services, and accommodations have you used or are you currently using that are effective in lessening the impact of the disability?

Once Accommodations Are Approved:

I understand that completing this form is only the initial step in the accommodation process. Once I am registered with NIACC Disability Services, I will need to meet with a Disability Services Counselor *each semester* to request accommodations and complete Accommodation Letters for Faculty.

I also understand that I am my own advocate. It is my responsibility to request accommodations and to notify instructors of my need for accommodations. It is also my responsibility to report any concerns I may have regarding accommodations to the Disability Services Office.

Documentation of your disability must be provided to the Disability Services office before accommodations will be provided. I realize that I may need additional documentation upon transferring to another educational institution. It is my responsibility to consult with the transfer institution regarding their documentation requirements.

I affirm that the information contained in this form is true and accurate to the best of my knowledge. If any information changes, I will notify the Disability Services Office immediately.

(Student Signature)

(Date)

UNDERSTANDING DISABILITY SERVICES IN COLLEGE

North Iowa Area Community College (NIACC) is committed to providing reasonable accommodations to qualified students with disabilities. These accommodations are provided to assist students with disabilities in accessing education at NIACC. Working in partnership with the student, the Disability Services Counselor will develop an individual plan for services that will include accommodations in testing and instruction. A student with disabilities must submit documentation to verify presence of a disability and request services each semester. Please note that program requirements will not be altered and standards will not be lowered.

CONFIDENTIALITY OF INFORMATION

NIACC Disability Services is committed to ensuring that all information and communication pertaining to a student's disability is maintained as confidential as required or permitted by law.

The following guidelines about the treatment of such information have been adopted by NIACC Disability Services. These guidelines incorporate relevant state and federal regulations.

1. No one will have immediate access to student files in NIACC Disability Services except appropriate staff of NIACC Disability Services. Any information regarding a disability is considered confidential and will be shared only with others within the college who have a legitimate educational interest.
2. This information is protected by the Family Educational Rights and Privacy Act (FERPA).
3. Sensitive information in NIACC Disability Services student files will not be released except in accordance with federal and state laws.
4. A student's file may be released pursuant to a court order or subpoena.
5. If a student wishes to have information about his/her disability shared with others outside the college, the student must provide written authorization to the Counselor for NIACC Disability Services to release the information. Before giving such authorization, the student should understand the purpose of the release and to whom the information is being released. The student should also understand that there may be occasions when the Counselor for NIACC Disability Services will share information regarding a student's disability at his/her discretion if circumstances necessitate the sharing of information and the Counselor has determined that there is an appropriate legitimate education interest involved.
6. A student has the right to review his/her own NIACC Disability Services file with reasonable notification.

I have been informed of the policy regarding confidentiality and the release of information from my NIACC Disability Services file. I understand that NIACC Disability Services may release information from my file to be used in a confidential manner with appropriate college faculty and officials who have a legitimate educational interest while I am a student at North Iowa Area Community College.

(Student Signature)

(Date)

****This information can be provided in an alternate format upon request.**