



Post Office Box 1420; 5160 Fayetteville Rd.
 Lumberton, NC 28359
 (910) 272-3700 www.robeson.edu

**Office of Counseling and Career
 Disability Services**

Student Intake Form

PERSONAL INFORMATION

Name: _____
First MI Last Date

Address: _____
Street/PO Box City State Zip Code

Telephone: _____
Home Work/Cell

Email: _____

Date of Birth _____ Student ID #: _____

Emergency Contact: _____ Phone Number: _____

ENROLLMENT INFORMATION

Are you currently enrolled: yes no Date of enrollment: _____

Expected date of graduation: _____ Program or Degree: _____

Advisor: _____ Requesting Services for: Fall Spring Summer

DISABILITY INFORMATION

Documentation required. Please check all that may apply.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Quadriplegia |
| <input type="checkbox"/> Arthritis/Rheumatism | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Respiratory Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Deaf/ Hard of Hearing | <input type="checkbox"/> Paraplegia | <input type="checkbox"/> Visual Impairments |
| <input type="checkbox"/> OTHER (specify): _____ | | | |

ACCOMMODATION INFORMATION

Please check all that may apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> Testing Accommodations | <input type="checkbox"/> Note Taker |
| <input type="checkbox"/> Enlarged printed material | <input type="checkbox"/> Preferential seating | <input type="checkbox"/> Support Counseling |
| <input type="checkbox"/> Assistive Listening Devices | <input type="checkbox"/> Tape Recording privileges | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> RFB services (recorded books) | <input type="checkbox"/> Computer w/ speech output w/ zoom text | |
| <input type="checkbox"/> Other: _____ | | |



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Do you use:

- ___ a wheelchair (electric or manual)
___ a service animal
___ a speech communication device
___ other:
___ adaptive equipment (please list):

FINANCIAL AID INFORMATION

Check all that you have applied for and/or receiving.

Federal Pell Grant: ___ yes ___ no
Other Sources of Aid: ___ yes ___ no
Please specify other sources of aid:

Vocational Rehabilitation: ___ yes ___ no
VR Counselor: Telephone #:
Division of Services for the Blind: ___ yes ___ no
DSB Counselor: Telephone #:

CONFIDENTIALITY STATEMENT

All information submitted to this office is considered confidential and will be used solely for the purposes directly related to providing services on behalf of the student.

RELEASE OF INFORMATION

I authorize this office to release relevant information regarding my disability to persons who have a legitimate educational need to know and/ or in order to arrange or provide accommodations on my behalf. These individuals may include: instructors, faculty, parents and service providers (Physicians, Psychologist, VR Counselor or other Qualified Professionals).

Please list exceptions to this release of information:

My signature below indicates I understand the confidentiality and release of information statement and agree to the terms noted.

Student Signature

Date

Counselor Signature

Date

*It is the student's responsibility to ensure documentation is submitted to this office in a timely manner before eligibility services can be determined. Contact Counseling & Career Services for more information at (910) 272-3353 or kjacobs@robeson.edu.