



DISABILITY SERVICES OFFICE STUDENT INTAKE INFORMATION

GENERAL INFORMATION

Today's Date _____

Name _____

Phone _____ Email _____

Address _____

(Street and Number)

(City)

(State)

(Zip Code)

I am/plan to be enrolled at: Bemidji State University Northwest Technical College

I am/plan to take courses primarily: On-Campus On-Line Combined

Major Area of Study _____ Anticipated Graduation Date: _____

What is the highest degree you plan to pursue? (Check one)

Bachelor's degree Certification Master's Degree
 Professional Degree Doctorate Non-degree sought

Do either of your parent's have a four year degree (Bachelor's Degree or higher)? _____

DISABILITY INFORMATION

What is your disability? (Check all that apply)

Deaf/hard of hearing Motor impairment Speech impairment
 Blind/visually impaired Mental health ADD/ADHD
 Learning disability Chemical Dependency Autism Spectrum
 TBI Survivor Systemic Disability Other (please specify) _____

When were you first diagnosed? _____

What is the prognosis of your condition? Stable Degenerative
 Likely to improve Unknown

Do you have periods of time when it is difficult for you to function due to migraine headaches, seizures, chronic pain or other conditions? _____

If you have a seizure condition how often do you have seizures? _____

How long does it take you to recover from a seizure? _____

What is the date of your last seizure? _____

What problems does your disabling condition cause in class? _____

How do you solve or compensate for these problems? _____



Do you use adaptive or assistive technology and if so what type?

Do you use any special software or applications?

What computer system do you have and what type of internet connection do you use?

What previous experience do you have with college course work and were you using this technology? Please list all experiences:

EDUCATION INFORMATION

High School: _____ Special education program _____ Mainstreamed

Name of School and City: _____

Undergraduate School: _____ Received _____ Did not receive accommodations
(For Transfer Students Only)

In order to best provide support for you please take a few moments and help us with this self-evaluation.

Describe your academic skill level in the following areas.

Reading	_____strong	_____good	_____fair	_____weak
Writing	_____strong	_____good	_____fair	_____weak
Math	_____strong	_____good	_____fair	_____weak
Spelling	_____strong	_____good	_____fair	_____weak
Organization	_____strong	_____good	_____fair	_____weak
Time Management	_____strong	_____good	_____fair	_____weak
Self-Starter	_____strong	_____good	_____fair	_____weak
Responsible	_____strong	_____good	_____fair	_____weak
Study Skills	_____strong	_____good	_____fair	_____weak
Self-advocacy	_____strong	_____good	_____fair	_____weak
Assertiveness	_____strong	_____good	_____fair	_____weak
Medication Management	_____strong	_____good	_____fair	_____weak
Disability Management	_____strong	_____good	_____fair	_____weak
Motivation	_____strong	_____good	_____fair	_____weak
Ability to get along with others	_____strong	_____good	_____fair	_____weak
Healthy Eating Habits	_____strong	_____good	_____fair	_____weak
Healthy Sleep Habits	_____strong	_____good	_____fair	_____weak
Punctuality	_____strong	_____good	_____fair	_____weak
Ability to Adjust to Change	_____strong	_____good	_____fair	_____weak
Ability to Accept Criticism	_____strong	_____good	_____fair	_____weak
Ability to Schedule/Keep Appts	_____strong	_____good	_____fair	_____weak
Ability to Complete Tasks on Time	_____strong	_____good	_____fair	_____weak
Ability to Follow Directions	_____strong	_____good	_____fair	_____weak

BSU
218-755-3883
202 Decker Hall
1500 Birchmont Dr NE #43, Bemidji MN 56601
www.bemidjistate.edu/services/disability

NTC
218-333-6656
NTC Office 203
905 Grant Ave Se, Bemidji MN 56601
www.ntcmn.edu/myntc/support-services/disability-services



What subjects were difficult for you in high school? _____

How did you compensate for these difficulties? _____

Did you take the college-prep track in high school? _____

Please briefly describe any difficulties you have had with academics not necessarily directly related to your disability. ie., struggle with math, writing or other subjects, have GED, have not been in school for several years etc.

What other information about you would help us provide academic support or disability accommodations to you while attending BSU/NTC?

Academic Accommodations

Have you had academic accommodations for your disability before? _____

If yes, please indicate the accommodations you have received (i.e. notetakers, etc.) and when you received them. Check all that apply.

Accommodation Received	✓	When?
Interpreter Service (ASL or Cued Speech)		
Note Takers		
Recorded Lectures		
Reader Service		
Scribe Service		
Adapted Textbooks		
Testing Out of Class		
Extended Test time		
Priority Registration		

What accommodations have you used in the past when taking exams? (Check all that apply)		Objective or Multiple Choice Exams	Subjective or Essay/Short Answer Exams
None			
Have test questions read			
Dictate my answers to writer			
Type my answers			
Extended time limit			
Large print exam			



What accommodations have you used in the past when taking online courses?		Where did you use this accommodation? (Name of School)
None		
Extended Test Time		
Large Print Exam		
Reader Program		
Speech Program to dictate answers		
Extended Assignment Deadlines		

To help us if we need to work with other agencies, have you applied to any outside agencies for additional help with funding or other support? Please check all that apply and provide information for each.

Name of Agency	Name / Address / Telephone Number of Counselor
Department of Rehabilitative Services (VocRehab)	
State Services for the Blind	
Private Insurance Claim for Retraining	
_____ County Social Services Social Worker (Please Indicate County of Origin)	
Veteran's Officer _____ _____	

If there anyone you would like us to be able to discuss your records and information with please indicate below, you may rescind this permission in writing at any time.

Name: _____

Contact Information: _____

The information contained in this form is true and accurate to the best of my knowledge.

Student's Signature

Date



FOR OFFICE USE ONLY:

Type of Disability _____

Documentation Ordered _____ Documentation Rec'd _____

Referral to TRIO/SSS _____

Accommodation Eligibility		Exam Accommodations	MC	Essay
Interpreter Service (ASL or Cued Speech)		No accommodations needed		
Note Takers		Have test questions read		
Record Lectures		Dictate answers to write/scribe		
Reader Service		Type my answers		
Scribe Service		Extended testing time % extended		
Testing Out of Class		Large print exams		
Adapted textbooks		Adaptive Technology		
Extended Test time		Other accommodations: Specify below		
Priority Registration				
Handicap Parking				
Wheelchair storage				

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