



Student Application / Intake Form

(Please **PRINT**)

OFFICE USE ONLY	
Date Received	_____
Staff Initials	_____
Enrollment	_____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Student ID #: _____ Date of Birth: _____ Male Female

Email: _____ Referred By: _____

Primary Language: English Spanish ASL Other: _____

Interpreter Requested? _____

1. Are you currently enrolled at COS? Yes No

Which campus would you prefer to receive Access & Ability Center services:

Visalia Hanford Tulare

2. Have you ever received services from this Access & Ability Center in the past?

Yes No If yes, what year: _____

3. What is your major: _____ Certificate AA/AS Transfer to 4 year

Are you interested in employment opportunities? Yes No

4. What is the nature of your qualifying condition? (Please check all that currently apply.)

- Attention-Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum
- Blind and Low Vision (do not check if vision is corrected by glasses/contacts)
- Brain Injury (stroke, head trauma, aneurysm, hydrocephalus, etc.)
- Deaf and Hard of Hearing (Deaf, partial hearing loss, etc.)
- Intellectual Disability (Developmentally Delayed Learner, Down's syndrome etc.)
- Learning Disability (difficulty with math, reading, writing, test anxiety, etc.)
- Mental Health Condition (generalized anxiety, panic, bipolar, depression, schizophrenia, PTSD, etc.)
- Physical Disability (arthritis, back/leg/arm injury, carpal tunnel syndrome, etc.)
- Other (asthma, diabetes, migraines, seizures, speech, fibromyalgia, thyroid or heart condition, etc.)

If you do not see your qualifying condition listed above please list the type of condition you have here:

Please complete other side of form

ALTERNATE FORMATS:

This publication can be made available in an alternative format.
Please contact the Access & Ability Center at 559-730-3805.

5. Have you ever had a seizure? Yes No If yes, when did this last occur? _____
6. Did you receive any of the following services in high school? (Check all that pertain to you.)
 Resource Specialist (RSP) Special Education IEP 504 Plan Special Day Class
 If yes, what year did you last attend this high school? _____
7. Have you ever completed a learning assessment at a college? Yes No If yes, what year? _____
 Name of college where you were assessed: _____
8. Are you a client of any of the following agencies?
 Department of Rehabilitation (DOR) Central Valley Regional Center (CVRC)
 Other:

 If yes, what is your counselor's name? _____
9. Do you feel your condition affects any of the following?
 Taking notes in class notes
 Completing written assignments
 Seeing or understanding visually presented classroom materials
 Seeing or understanding texts, handouts, and other printed material
 Hearing or understanding lecture, student discussion, and related oral presentations
 Finishing tests in a timely manner
 Understanding test questions
 Using certain college facilities, equipment, and materials
 Self-advocating with college instructors, and other personnel
 Interacting with Department of Rehabilitation and other resources in the community

I acknowledge that it is my responsibility to provide appropriate verification of my disability.

Student Signature

Date

How to Digitally Sign Document:

1. Select "Create a new Digital ID" and "Continue"
2. Select "Save to File" and "Continue"
3. Enter your "Name" and "Email Address" and "Continue"
4. Apply a password to protect the Digital ID. Confirm the password you chose and "Save"
5. Choose the Digital ID that you want to use for signing and "Continue"
6. Enter the password you just created for your signature and "Sign"
7. Save the document and it will be digitally signed

Note: If you are having difficulties digitally signing, please email the document without the signature, stating that you would like an AAC employee to sign on your behalf.