



Student Application / Intake Form

(Please **PRINT**)

OFFICE USE ONLY	
Date Received	_____
Staff Initials	_____
Enrollment Status	_____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Student ID #: _____ Date of Birth: _____ Male
 Female
 Decline to State

Email: _____

Primary Language: English Spanish ASL Other: _____

Interpreter Requested? _____ Referred By: _____

- Are you currently enrolled at COS? Yes No
 Which campus would you prefer to receive Access & Ability Center Services:
 Visalia Hanford Tulare
- Have you ever received services from this Access & Ability Center in the past?
 Yes No If yes, what year: _____
- What is your major: _____ Certificate AA/AS Transfer to 4 year
 Are you interested in employment opportunities? Yes No
- What is the nature of your qualifying condition? (Please check & circle 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, fibromyalgia, etc.)
 Other (asthma, diabetes, migraines, seizures, speech, fibromyalgia, thyroid or heart condition, etc.)

If you do not see your conditions(s) listed above, please list the type of condition(s) 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 been assessed for 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)

WorkAbility Other: _____

If yes, what is your counselor's name? _____

9. Do you feel your condition affects any of the following?

Taking notes in class

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 condition(s).

Student Signature

Date