



# 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? \_\_\_\_\_

- 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 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