

Confidential



DISABILITY SUPPORT SERVICES
Old Main • Room 004 • (716) 888-3748

In-Take Form

RELEASE OF DISABILITY INFORMATION

I, _____ request disability-related accommodations from Canisius College. I authorize the release of medical and/or psychological information to the Disability Support Services Office at Canisius College. I fully understand that the information will be held in the strictest of confidence and will be solely used to determine my eligibility for services as mandated under Section 504 of the Rehabilitation Act of 1973 and the American Disabilities Act of 1990, and in determining the most appropriate accommodations based on my current level of functioning.

I give my permission to the DSS Office at Canisius College to release information regarding academic accommodations to my academic instructors. Academic accommodations will be automatically sent each semester to my academic instructor. I agree that I will notify my academic instructor within the first week of class of my disability and set up the appropriate accommodations based on the information sent by DSS. I understand that I may revoke this consent at any time by notifying DSS of the change. This consent automatically expires upon graduation.

Signature _____ Date _____

TO RECEIVE ACADEMIC ACCOMMODATIONS AT CANISIUS COLLEGE:

1. You must apply and be accepted to Canisius
2. You must complete an intake form and return it to DSS with the following:
 - PHYSICAL DISABILITY**
 - Letter from physician stating your disability
 - Documentation of accommodations
 - COGNITIVE OR EMOTIONAL DISABILITY**
 - Copy of current Psychological Evaluation (*Evaluations need to be updated every 3 to 5 years.*)
 - Any additional documents highlighting your disability, ex. Individualized Educational Program
 - Documentation of accommodations
3. In-Take Form must be updated each academic year (*If changes occur within the year, please notify DSS.*)

PLEASE PRINT _____ Date _____

Name _____

Social Security # _____ Student ID # _____

Date of Birth _____ Sex: M F

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____

email _____ Cell phone _____

Local Address/Residence Hall _____

City _____ State _____ Zip _____

Local/Campus Phone _____

Parent or Contact Person _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

PARENT INVOLVEMENT

I give permission to the DSS Office to discuss my academic/non-academic accommodations with my parent(s)/guardian(s) Yes No

Name(s) of Parent/Guardian _____

Student Signature _____ Date _____

CURRENT ACADEMIC INFORMATION

Freshmen Sophomore Junior Senior Graduate Transfer

Major _____ Expected Year of Graduation _____

DISABILITY

Physical Cognitive/Learning

Diagnosis/Disability _____

Age of Diagnosis _____

Who made the diagnosis? _____

Explain present limitation(s), if any, and how do you cope with the limitation(s) on a daily basis? _____

EDUCATION BACKGROUND

High School (location) _____

Main Streamed Special Education

Name of any other college attended (location) _____

SUPPORT SERVICES/ACCOMMODATIONS

Have you used support services/academic accommodations before? Yes No

Academic Accommodations (determined based on documentation and DSS assessment):

Adaptive Equipment Use:

- Alternative Chair/Table
- Assisted Listening Device
- Taping of Lectures
- Other _____

Alternative Testing:

- Extended Time
- Separate Testing Room
- Reader/Scribe on Examinations
- Use of Computer on Examinations
- Use of Calculator during Examinations
- Adaptive Test Format:
- Other _____

- Notetaker
- Preferential Seating in Classroom
- Sign Language Interpreters
- Other _____

Non-Academic Accommodations (determined based on documentation and DSS assessment):

- On-Campus Housing/Residence Life
- Food Service
- Other _____
- Shuttle Service (*Driver schedules pick-ups*)

Other