# Intake Form

## Student Information:

<table>
<thead>
<tr>
<th>Full Name: ______________________________</th>
<th>Student ID#: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: _________________________________</td>
<td>Contact Phone #:___________________</td>
</tr>
</tbody>
</table>

## Enrollment Information:

<table>
<thead>
<tr>
<th>Type of Student:</th>
<th>Undergraduate</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Semester:</td>
<td>______________</td>
<td></td>
</tr>
<tr>
<td>Year at Cal Maritime:</td>
<td>1st</td>
<td>2nd</td>
</tr>
<tr>
<td>Documentation Record</td>
<td>IEP, 504, Test Results, other Documentation from Licensed Clinician</td>
<td></td>
</tr>
<tr>
<td>Self Report Record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer Documentation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Previous Institutions Attended (include name, city & state):

- ______________________________  ______________________________
- ______________________________  ______________________________

## Disability Information:

A. Disability

<table>
<thead>
<tr>
<th>Visually Impaired</th>
<th>Learning Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologically Impaired</td>
<td>Attention Deficit Disorder</td>
</tr>
<tr>
<td>Hearing/Speech Impaired</td>
<td>Mobility Impaired</td>
</tr>
<tr>
<td>Health Impaired</td>
<td>Other</td>
</tr>
</tbody>
</table>
Previous Accommodations Used:

B. Program Accessibility/Accommodations

- [ ] Extended Exam Time
  - Time: ____________
- [ ] Distraction Free Site
  - Details: ________________________
- [ ] Spell Checker, Dictionary
  - Details: ________________________
- [ ] Not Penalized for Spelling Disability
  - Details: ________________________
- [ ] Priority Class Seating
  - Details: ________________________
- [ ] Access to Notes
  - Details: ________________________
- [ ] Tape Lectures
  - Details: ________________________
- [ ] Lab Assistance
  - Details: ________________________
- [ ] Alternate Media
  - Details: ________________________
  - (enlarged print, braille, audio)
- [ ] Kurzweil/Alt Media Text
  - Details: ________________________
  - (enlarged print, braille, audio)
- [ ] Advocacy & Counseling
  - Details: ________________________
- [ ] Tutoring
  - Details: ________________________
- [ ] No Penalties for Documented Absences related to Disability/Permission to Make-up Tests
  - Details: ________________________
- [ ] Other
  - Details: ________________________

All students with documented disabilities receive priority pre-registration and faculty letters.

C. Equipment/Aids

- [ ] Lecture Recording Device
  - Spellchecker
- [ ] Calculator
  - Dictionary
- [ ] Laptop
  - Enlarged Computer Text
- [ ] Visual Enhancer
  - Voice Output
- [ ] TDD
  - Amplification System
- [ ] Other Equipment

D. Other: ______________________________________________________

E. Housing Accommodations: ______________________________________

F. Referral to CAPS (Optional): _______________________________

Agreement & Understanding of services from the Office of Disability Services

I, ___________________________, have been advised regarding the recommended academic accommodations and agree to utilize DSO procedure to access these accommodations.

Student Signature: ____________________________ Date: ________________