



Office of Disability Services

Student Intake Form

Please submit the appropriate disability verification with this form. See guidelines for documentation on our website at <http://www.westmont.edu/offices/disability/>.

PERSONAL INFORMATION: (Please print clearly or attach typed document) DATE _____

NAME: _____

WESTMONT I.D. # _____

ADDRESS: _____

RESIDENCE HALL _____

EMAIL: _____

CITY _____ STATE _____

WESTMONT EMAIL: _____

ZIP CODE _____

CELL: _____

Academic status

First Year _____ Second Year _____ Third Year _____ Fourth Year _____ Other _____

Major program (if declared) _____

Are you a transfer student? _____ NO _____ Yes

The documentation I will submit verifies that I have the following disability: (Check all that apply)

LEARNING DISABILITY

DEAF/HARD OF HEARING

ADHD (with or without hyper-activity)

BLIND/VISUAL

MOBILITY IMPAIRMENT

PSYCHOLOGICAL

AUTISM SPECTRUM

CHRONIC HEALTH IMPAIRMENT

TBI (Traumatic Brain Injury)

OTHER

SPEECH/COMMUNICATION

2. Briefly describe **YOUR** understanding of your current impairment and any relevant diagnosis.

3. When were you first diagnosed with the condition you consider disabling? If more than one, list them separately?

4. Describe how your condition(s) or impairment(s) impact your functioning in a college setting and any difficulties you are having.

5. What accommodations are you requesting at Westmont College?

6. Describe in detail the accommodations you have received in the past, including the nature of the accommodation(s), the name of the providing institutions, and dates provided.

7. When and by whom were you recently evaluated/treated for the condition(s) that cause your impairment?

Thank you for your cooperation. You will find specific information on our website, <http://www.westmont.edu/offices/disability/index.html>, about the type of documentation necessary for each type of impairment. If you have any questions, please contact us directly at 805-565-6135 **OR** 805-565-6186.

A review of your documentation relating to your request will not be commenced until this form and all supporting documentation have been received. We do not review materials until your file is complete. Upon receipt of all documentation, your file will be reviewed, a process that typically takes no less than 14 days. **Please do not send original copies of documentation. We do not return materials once submitted.**

By signing below, you are initiating your request to be established as a student with a disability in accordance with federal and state regulations.

Signature of Student _____ **Date** _____

Email, fax or mail forms to: Office of Disability Services, Westmont College, 955 La Paz Rd, Santa Barbara, CA. 93108 Attn: Sheri Noble ~ ods@westmont.edu ~ FAX 805-565-7244

OFFICE USE ONLY

DATE INTAKE FORM REC'D _____
DS VERIFICATION _____
OTHER _____

DOCS COMPLETE YES _____ NO _____
CONFIDENTIALITY AGREEMENT _____