

**ONONDAGA COMMUNITY COLLEGE
OFFICE OF ACCESSIBILITY RESOURCES
INTAKE INTERVIEW FORM**

Please fill out this form and bring it to your appointment.

Today's Date: _____

NAME: _____

ADDRESS: _____

Telephone: _____ Cell Phone: _____

Birth Date: _____ Email: _____

Note: Please use OCC email

Student ID Number _____ Student Status: ___ Full-time ___ Part-time

What semester did you first attend at OCC? _____ Are you re-admitting? ___ Yes ___ No

Have you applied for financial aid? ___ Yes ___ No

Have you transferred from another college? ___ Yes ___ No

What college? _____

OCC Curriculum/Program of Study: _____ Advisor: _____

Are you registered with: ACCES-VR _____
 CBVID _____

 VAVR _____

Name & telephone number of Counselor: _____

Name and dates of last high school you attended: _____

Check one of the following: ___ High School Grad ___ GED

For Official Use Only: ADD BCK BLI DEF EMO HI LD MED NAD OI OTH RMI SUB TBI VI WC
 TEMP _____ until _____

Primary Code _____
Secondary Code _____

OCC Student Accommodation Request Form

Directions: Students seeking an accommodation of a disability must complete this form and also provide current documentation substantiating the disability. Please provide all of this information to the Office of Accessibility Resources (OAR) when you come in for your intake appointment. The Office of Accessibility Resources will discuss this information, your circumstances, and potential accommodations with you.

Please describe your disability and how it may impact your ability to participate in educational programs and activities at OCC: _____

Please describe the nature of any treatment for your disability and any medications you currently take:

Please describe the accommodation you are seeking: _____

What, if any, assistive equipment or software have you used? _____

Student Signature

Date

Did someone else help you fill this out? ____ Yes ____ No

Name: _____ Relationship: _____