

CONFIDENTIAL

Student & Banner ID:	DSS Semester Entry:

INTAKE EVALUATION FORM DISABILITY SUPPORT SERVICES

Date of Birth:			Evaluation Date:		
Gender:			ACES Email: @student.alamo.edu		
Address:			City: State: TX Zip:		
Cell Ph	none:		Alternate Phone:		
1.	INTAKE AND ELIGIBILITY DETERMINATION				
	Documentation Submitted:	☐ Comprehensive Individual Assessment ☐ Full & Individual Evaluation ☐ Medical Report ☐ Other: ☐ Waiver of Documentation allowed 1 semester only:			
	Date of Documentation:	Waiver of Bocumentation anowed 1 semester only.			
	Expiration of Documentation:				
	Professional's Signature Credentials:				
	Primary Disability:				
	Secondary Disability:				
	Other (disability):				
2. TUITION ASSISTANCE					
from any agency?		Department of Assistive Copy given to DS Student must sul DARS-Blind Services Veteran's Administration Social Security Administra	SS bmit to Bursar's Offic		



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INTAKE CHECKLIST

	I acknowledge and agree to maintain and provide updated documentation of my disability in order to be eligible to receive Letters of Accommodation for future semesters. My Letter of Accommodation will be emailed to me and the instructor prior to the start of the semester or as soon as possible.						
	It was explained and I agree to complete a Renewal of Services each semester I request and receive services from DSS.						
	It was explained and I understand the procedures necessary to receive Extended Test Time (ETT). Please ca the DSS office at (210) 486-3020 at least 24 hours in advance to schedule your test time. All personal belongings including cell phone will be placed in a secure cabinet while student is testing. Only items allowed in testing room will be those approved by the Instructor and indicated on the ETT form. I understand that a copy of the Disability Student Handbook is available online (www.alamo.edu/pac/dss/resources/). It was explained and I understand the procedures and my responsibility in receiving a Reader or Note taker accommodation, if applicable.						
It was explained and I understand that I may not reproduce, dismantle, or damage any alternate form material(s) provided to me as an instructional accommodation.							
	It was explained and I understand recorded lectures are for my use only. They may not be shared or reproduced without written consent of the lecturer.						
	•	derstand that I am respon rs in order to be successfu	sible for purchasing textbooks along textbooks and the class.	and other materials			
Student's S	ignature	Date	Staff Signature	Date			

(Scanned copy of this page will be sent to student's ACES email)