

Lincoln College
Office for Disability Services
300 Keokuk
Lincoln, IL 62656
Phone (217) 732-3155
Fax (217) 735-4902

Dear Prospective Student,

In order to establish eligibility for services and to enable our staff to work more effectively with you in the provision of services, please complete the enclosed Intake form and provide documentation of the disability as outlined by our documentation guidelines. All records will remain strictly confidential and are not a part of your academic record.

The aforementioned guidelines are provided so that the Office for Disability Services can respond appropriately to the individual needs of the student. We reserve the right to determine eligibility for services and modifications to programs based on the quality of the submitted documentation. All documentation is confidential.

CONFIDENTIALITY

Lincoln College recognizes that student disability records contain confidential information and are to be treated as such. Therefore, documentation of a student's disability is maintained in a confidential file in ODS and is considered part of the student's educational record. Information related to a disability may be disclosed only with the permission of the student or as permitted by the college's student records policy and federal law. At the same time, however, a student's right to privacy must still be balanced against the institution's need to know the information in order to provide requested and recommended services and accommodations. Therefore, in the interest of serving the needs of the student, the provision of services may involve ODS staff disclosing disability information provided by the student to appropriate College personnel participating in the accommodation process. The amount of information that may be released is determined on a case-by-case basis, and will be made in accordance with the institution's policy on student records.

I have read and understand the above policy and agree with the terms.

Signature: _____

Name (Print): _____ Date: _____

All forms must be returned directly to:

Office for Disability Services
300 Keokuk
Lincoln, IL 62656

IT IS HIGHLY RECOMMENDED THAT ALL FORMS AND DOCUMENTATION BE RETURNED BEFORE THE START OF THE SEMESTER IN ORDER TO ALLOW TIME FOR PROCESSING.

OFFICE USE ONLY

_____ Date Form Received _____ Date of Intake Appointment

_____ ACCESS information

INTAKE FORM

In order to receive accommodations, please submit a copy of your documentation regarding your disability with this form. Documentation guidelines are available upon request. Documentation must be received before your registration is complete.

Date: _____

BIOGRAPHICAL INFORMATION

Name: _____

First

Middle

Last

Student ID # _____ Birth Date: _____ Gender: MALE FEMALE

Phone: _____ Circle one: Campus Local Parent's Cell

Phone: _____ Circle one: Campus Local Parent's Cell

Current/Campus Address (If unknown, leave blank):

City

State

Zip Code

Permanent/Home Address:

City

State

Zip Code

E-mail Address: _____

STUDENT STATUS

First Semester at Lincoln College _____ Major _____

Anticipated Date of Graduation: _____

DISABILITY INFORMATION

Please check all that apply. If it does not apply to you, or if you are unsure of your diagnosis, please leave blank.

ADD or ADHD

Type: ___ Inattentive ___ Hyperactive ___ Combined

Age at Diagnosis: _____

Learning Disability

In area of: ___ reading ___ writing ___ math ___ processing (visual or auditory) ___ Other

Age at Diagnosis: _____

Psychological

Diagnosis: _____ Age at Diagnosis: _____

___ **Traumatic/Acquired Brain Injury**

Age at Diagnosis: _____

___ **Chronic Health**

Diagnosis: _____

Age at Diagnosis: _____

___ **Mobility**

Age at Diagnosis: _____

___ **Blind or Low Vision**

Age at Diagnosis: _____

___ **Deaf or Hard of Hearing**

Age at Diagnosis: _____

___ **Other:** _____

Age at Diagnosis: _____

Please list any **disability** related medications you are taking:

Name: _____ Amount: _____ Times per day: _____

Name: _____ Amount: _____ Times per day: _____

Functional Limitations: Please check off the activities listed below that you believe are affected as a result of your diagnosed condition. Please indicate the level of limitation you experience as a result of the condition. If an area is not affected, please leave it blank.

Unable to Determine	Mild	Substantial		Unable to Determine	Mild	Substantial	
			Caring for Oneself				Learning
			Talking				Reading
			Hearing				Writing/Spelling
			Breathing				Calculating
							Memorizing
							Concentrating
							Listening
			Sitting				Other:
			Performing Manual Tasks				
			Eating				
			Working				

In your own words, please describe how your disability impacts your daily life and education:

What strategies do you currently use to try to offset the impact or limitations of your disability?

Please share any other information that you feel would be helpful to ODS:

SERVICE HISTORY

If you were diagnosed prior to attending college, please tell us about your High School Experience:

Did your school provide Special Education services? YES NO

Did you receive Special Education services? YES NO

If yes, please list all academic accommodations and services you received:

Please check/describe any services you have received in the past under “Previously Received”. Please check those services that you are interested in requesting at Lincoln College under “Requesting at LC”.

	Previously Received	Requesting at LC
Classroom Accommodations:		
Access to teacher handouts, slides, overheads		
Additional time on in-class writing assignments		
Assistive Listening Device (FM Loop)		
Interpreter/Transcriber:		
Leave classroom when symptoms occur		
Notetaker		
Occasional exceptions to absentee/tardiness policy		
Preferential Seating		
Tape Record Lectures		
Test Accommodations:		
Additional time when taking quizzes and exams		
Alternative testing environment		
Assistive Technology on exams		
Screen Reading Software		
Voice Input Software		
Writing Software		
Other		
Use of computer for tests		
Scribe		
Spell-check or points not taken off for spelling		
Print Accommodations:		
Materials in Alternative Format		
Books on tape/CD		
Electronic format		
Large Print		
Braille		
Services:		
Tutoring		
Coaching/Mentoring		
Priority Registration		
Other (please explain):		