



Academic and Student Affairs – Disability Services

Intake Interview Form

Name: _____ Student Number: _____

E-mail: _____ Telephone Number: _____

Program of Study: _____ Date: _____

Disability: _____

1. Did you receive any support services during high school? Yes No
If yes, what type of supports did you receive? _____

2. Did you complete any modified courses or alternate courses? Yes No
If yes, how many courses were modified and to what extent? _____ Modified Courses
_____ Alternate Courses

3. Did you have an educational or medical assessment identifying your disability? Yes No
Outline any educational support required.

4. Do you have any accessibility issues that may need to be addressed by Student Affairs personnel?
 Yes No Please elaborate.

5. Do you have a sponsoring agency? Yes No

The following information has been explained to me, and I understand:

- The need to submit appropriate documentation to access disability services, if not already done
- Possible funding opportunities
- Any concerns regarding suitability of my chosen program
- The need to follow up with Disability Services at the start of each semester of my program
- Accommodations, services or equipment that are my personal responsibility
- Campus physical accessibility
- Process for booking testing accommodations

I hereby consent to the collection, retention and use of the information provided in this form as authorized by law and outlined in the attached Intake Consent Form.

Student Signature: _____ Date: _____

The information requested on this form is collected under the authority of the *Memorial University Act (RSNL 1990 c M-7)* and is needed to provide you with the appropriate accommodations for your disability. It will be held securely and will not be disclosed except as authorized by law. If you have any questions about the collection or use of this information, please contact Charlotte Dove, Student Affairs Office, at 709-864-0702.

Recommendations/Notes:

Student Affairs Officer: _____ Date: _____