



Intake and Consent Form

Part I – Personal Information

Name: _____ Student ID Number: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Birthdate: _____

Program: _____ Advisor: _____

Referred to Student Accessibility Services by: _____

Are you a client of Vocational Rehabilitation Services (VR)? Yes No

If yes, please provide your Case Manager’s name and contact information:

Part II – School History

High School Attended: _____ Graduation Year: _____

What accommodations/support services did you receive in high school?

Other colleges attended: _____ Dates attended: _____

What accommodations/support services did you receive while in college?

Signatures signify agreement that the included accommodations will be made in an effort to assist the student in his/her experience at NCK Tech. It is understood that the college will provide accommodations agreed to and that student will give full effort in utilizing the accommodations. If the student does not utilize the accommodations, the team may be called back together to determine future plans for accommodations. The listed accommodation can be re-evaluated, updated, or changed at any time per student or team member request to better meet the needs of the student, address any concerns from instructors, or adapt to changes within the student’s disability.

This student’s data sheet should be considered CONFIDENTIAL. Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1991 which address nondiscrimination of students with disabilities in postsecondary settings require “REASONABLE ACCOMMODATIONS” be made for students with disabilities in their academic course work and programs. The accommodations will be shared only with those directly involved with the students educational experience at NCK Tech and on an as needed basis. The student can select who this accommodations plan can/cannot be shared with.



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Part III – Disability Information

Diagnosis: _____

Documentation: _____

Please describe how your disability impacts you in the classroom.

Part IV – Accommodations

Please list any academic accommodations or support services that you would like to request at NCK Tech.

Part V – Consent

I _____, give written consent to initiate the Student Accessibility Services (SAS) process to determine possible identification for academic accommodations/services. I understand that information concerning my disability may be disclosed with other SAS staff and appropriate instructors that may be a part of the Educational Accommodation Plan (EAP) Team.

Student Signature: _____

Date: _____

Print Name: _____

Signatures signify agreement that the included accommodations will be made in an effort to assist the student in his/her experience at NCK Tech. It is understood that the college will provide accommodations agreed to and that student will give full effort in utilizing the accommodations. If the student does not utilize the accommodations, the team may be called back together to determine future plans for accommodations.

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