Student Intake Form

This form must be filled out by the student requesting accommodations.

STUDENT INFORMATION

Student Name: ____________________________________________
Date: __________________________
Eagle ID#: __________________________
Email: ___________________________@bc.edu     Phone/Cell#: __________________________
Student Status:  
□ Accepted/ Incoming Student (starting semester/year): ____________________
□ Current Student:  School: ___________ Major: ___________

DISABILITY INFORMATION

Please indicate the disability area(s) for which you are seeking accommodations.

□ AD(H)D    □ Learning Disability    □ Other: ____________________________    □ Unsure
(Specify: ____________________________)

When was your disability first diagnosed? ____________________

Are you currently under the care of a professional/specialist? (i.e.: physician, counselor, etc.)

□ No
□ Yes (Please specify name(s), specialty): ____________________________

Are you currently taking medications?

□ No
□ Yes (Please specify): ____________________________ Prescribed by: ____________________________

The Connors Family Learning Center (CFLC)
Thomas P. O’Neill Jr. Library, Room 200
140 Commonwealth Ave. Chestnut Hill, MA 02467
ACCOMMODATION REQUEST(S)

What accommodations are you requesting through the CFLC? Please be specific.

Accommodation: _________________________________________________________________

Have you used this accommodation before?

☐ No

☐ Yes (Please circle all the apply): high school college ACT/SAT other: __________

Please explain how this accommodation is useful to you?

________________________________________________________________________

________________________________________________________________________

Accommodation: _________________________________________________________________

Have you used this accommodation before?

☐ No

☐ Yes (Please circle all the apply): high school college ACT/SAT other: __________

Please explain how this accommodation is useful to you?

________________________________________________________________________

________________________________________________________________________

Accommodation: _________________________________________________________________

Have you used this accommodation before?

☐ No

☐ Yes (Please circle all the apply): high school college ACT/SAT other: __________

Please explain how this accommodation is useful to you?

________________________________________________________________________

________________________________________________________________________

Student Signature: ________________________________