



## 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: \_\_\_\_\_

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**ACCOMMODATION REQUEST(S)**

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*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?

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**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?

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**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?

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**Student Signature:** \_\_\_\_\_