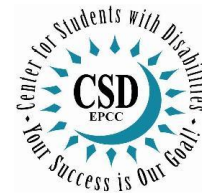




INTAKE FORM



EPCC ID #: _____ Email address: _____

Name: _____ Middle Init. _____
Last First

Date of birth _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: (____) _____ - _____ Alternative Phone: (____) _____ - _____

Are you a Client of:

* Workforce Solutions Borderplex Texas Workforce Solutions Vocational Rehabilitation Services:

- Division for Rehabilitation Services..... ☐ Yes ☐ No
- Division for Blind Services ☐ Yes ☐ No
- Division for Deaf and Hard of Hearing ☐ Yes ☐ No

* Emergence Health Network El Paso Ctr for Mental Health
and Intellectual Disabilities

☐ Yes ☐ No

* Veterans Administration

☐ Yes ☐ No

* Other Agency, Please specify: _____

Who is your counselor at that agency? _____ Phone No: (____) _____ - _____

High School Attended: _____ City: _____ State: _____

Were you enrolled in Special Education Classes? ☐ Yes ☐ No

Graduated (Yr) _____ or Last Year Completed _____

Did you complete a GED instead: Yes ☐ No ☐ if "yes" when was it completed? _____

What is your career goal at El Paso Community College (EPCC)? _____

If you have attended another college, trade school or university, please list the dates of attendance, institution and certificates or degrees earned.

I give permission for the Center for Students with Disabilities (CSD) to maintain my disability verification and other academic information. I understand disability documentation must be submitted by the end of the first semester or my services will be suspended and I will have to meet with my counselor to have them reinstated.

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

FOR COUNSELOR USE ONLY

Disability Code: _____ Verification Needed: YES ☐ NO ☐

Verification coming from: Doctor ☐ School ☐ Date of documentation _____

Student Pursuing: TSI ☐ ESOL ☐ GED ☐ ATC ☐ CE ☐

STARR/TAKS: passed ☐ exempt ☐ modified ☐ accommodated ☐

Counselor's Comments: _____

ACCOMMODATIONS:

❖ **TESTING SERVICES:**

Extended Test time ☐ Reader ☐ Scribe ☐

Breaks during testing: ☐ Interpreter ☐ Other _____

Test to be taken at: CSD ☐ TC ☐ In Class ☐

❖ **IN-CLASS SERVICES:**

Class Scribe ☐ Note-taking ☐ Interpreter ☐

Table and Chair ☐ Preferential Seating ☐ Audio Recorder ☐

❖ **OUT-OF-CLASS SERVICES:**

Tutoring (Subject) ☐ Scribe ☐ Reader ☐

Electronic Textbooks ☐ Other _____

❖ **ASSISTIVE TECHNOLOGY LAB (ATL):**

Dragon Naturally Speaking ☐ CCTV(magnifier) ☐ Contego(ALD) ☐

Kurzweil 3000(scanning/reading) ☐ Zoom Text (enlarges materials) ☐ Frog Pad (one hand kb) ☐

Braille Translator ☐ Flipper (portable magnifier) ☐ Tablet PC (notes by hand) ☐

JAWS(screen magnifier) ☐ Opal(small magnifier) ☐ Audio Recorder ☐