

## CWC Disability Services Intake Form

Today's Date \_\_\_\_\_

Student ID # \_\_\_\_\_

Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Local Address/Permanent Address

\_\_\_\_\_

\_\_\_\_\_

CWC Email \_\_\_\_\_ Personal Email \_\_\_\_\_

Local Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

### **Personal Data**

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender Identification (Optional) \_\_\_\_\_

### **Ethnic Origin**

\_\_\_ Black or African American

\_\_\_ Native American or Alaskan Native

\_\_\_ Hispanic/Latino

\_\_\_ Asian

\_\_\_ Caucasian or White

\_\_\_ More than one ethnic origin

\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_ Other \_\_\_\_\_

Are you a Wyoming Division of Vocational Rehabilitation client? \_\_\_ Yes \_\_\_ No

Counselor's Name \_\_\_\_\_

Are you a Veteran \_\_\_ Yes \_\_\_ No

### **Documentation Information**

Do you have documentation for your disability/disabilities? \_\_\_ Yes \_\_\_ No

Will you provide a copy of this documentation? \_\_\_ Yes \_\_\_ No

**\*\*ACCOMMODATIONS MAY NOT BE ABLE TO BE PROVIDED WITHOUT DOCUMENTATION.\*\***

Describe primary disability \_\_\_\_\_

Describe other disabilities \_\_\_\_\_

Who referred you to the Disability Services Office? \_\_\_\_\_

### **Academic Data**

What are your educational goals?

\_\_\_ Certificate                      \_\_\_ Associate's Degree                      \_\_\_ Bachelor's Degree

\_\_\_ Job Training                      \_\_\_ Personal Interest/Enrichment

Major/Program of Study \_\_\_\_\_

When was your first semester at CWC? \_\_\_\_\_

What is your academic status? \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Other

Have you received career counseling or advising? \_\_\_ Yes \_\_\_ No