



**DAWSON COMMUNITY COLLEGE  
DISABILITY SUPPORT SERVICES  
INTAKE INFORMATION**

Intake Date \_\_\_\_\_

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

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

Phone numbers \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Major/career goal \_\_\_\_\_

Voc Rehab Counselor \_\_\_\_\_

Disability \_\_\_\_\_ Date Documented \_\_\_\_\_

Interview info: \_\_\_\_\_

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Accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ID card \_\_\_\_\_ Rights and Responsibilities \_\_\_\_\_ Alt Testing \_\_\_\_\_ Alt Text \_\_\_\_\_  
Note taker Agreement \_\_\_\_\_ Tape lectures/Smart Pen \_\_\_\_\_