



DAWSON COMMUNITY COLLEGE
DISABILITY SERVICES INTAKE INFORMATION
disability@dawson.edu 406.377.9400

Intake Date: _____

Name: _____
Last First MI

Student ID #: _____

Phone number(s): _____

Email Address: _____

Address: _____
Street City State Zip

Major/Career goal: _____

Vocational Rehab/Mental Health Counselor: _____

Disability: _____ Date Documented: _____

Interview Information: _____

Accommodations: _____

ID card _____ Rights and Responsibilities _____ Alt Testing _____ Alt Text _____

Note taker Agreement _____ Tape lectures/Smart Pen _____ Interpreter _____