

# Voluntary Intake and Disability Disclosure

## Baker University – Access Services

All information obtained in diagnostic medical, psychological, and educational reports will be maintained and used in accordance with applicable confidentiality requirements.

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### I. General Information (all information is voluntary and optional):

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student #: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Male  Female Place of employment:  
\_\_\_\_\_

#### University Status

- Freshman
- Sophomore
- Junior
- Senior
- Graduate/Masters
- Special
- Prospective
- Transfer from: \_\_\_\_\_

#### School Information

GPA: \_\_\_\_\_

Major: \_\_\_\_\_

#### Referred By

- Professor
- Admission
- Financial Aid
- Faculty Member
- Self
- Counseling
- Other \_\_\_\_\_

Reason for this applying for ADA Disability Services: \_\_\_\_\_

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Do you consider your current concern situation temporary or ongoing (chronic)?

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe the severity of your current medical concern? Give examples.

\_\_\_\_\_  
\_\_\_\_\_

What remedies or strategies have you used to improve or address your current medical concern?

\_\_\_\_\_  
\_\_\_\_\_

Is your concern a disability in which the severity and ongoing nature of the concern are established?

Describe \_\_\_\_\_  
\_\_\_\_\_

**II. Disability Information (all information is voluntary and optional):**

Please complete the following information if you have or suspect you have a disability.

Are you a student with a disability?  Yes, **diagnosed**  Suspected, **not diagnosed**  No

If yes or suspected, describe the nature of the disability: \_\_\_\_\_  
\_\_\_\_\_

What is the nature of your impairment? Check all that apply.

- Learning disability  Visual impairment  
 Attention deficit/Hyperactivity disorder  Hearing impairment  
 Chronic health disorder (please explain the nature of impairment) \_\_\_\_\_  
\_\_\_\_\_

Mobility impairment (please explain the nature of impairment) \_\_\_\_\_  
\_\_\_\_\_

Describe your health:  Good  Fair  Poor

Have you had previous disability counseling?  No  Yes Where? \_\_\_\_\_

What was the date of your last physical exam by a doctor? \_\_\_\_\_

What prescriptions are you taking or have you taken in the past? \_\_\_\_\_  
\_\_\_\_\_

How long did/do you expect to take this medication? \_\_\_\_\_

List the accommodations you are applying for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return form to:  
**ADA Title II Coordinator**  
**Kathy Wilson**  
**Student Academic Success**  
**Baker University**  
**Collins Library; Room 120**  
**Baldwin City, Kansas 66006**  
**Office: 785-594-8352**  
**Fax: 785-594-8367**