

Voluntary Intake and 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.

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

Name: _____ Date: _____

Email: _____ Date of Birth: _____

University Status:

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ CAS
- ☐ Graduate/Master's Program

Referred By:

- ☐ Self
- ☐ Professor
- ☐ Admission
- ☐ Financial Aid
- ☐ Faculty Member
- ☐ Counseling
- ☐ Other: _____

Major: _____

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: _____

Check all that apply: ☐ Learning disability ☐ Visual impairment ☐ Anxiety
☐ ADHD ☐ Hearing impairment ☐ Depression
☐ Chronic health disorder (please explain the nature of impairment)

☐ Mobility impairment (please explain the nature of impairment)

☐ Other (please explain the nature of impairment)

How does your disability affect major life activities?

What challenges do you experience in the classroom or learning environment, if any?

What challenges do you experience related to taking tests or exams, if any?

Have you used any accommodations in the past? How were they effective?

What specific accommodations, if any, are you requesting?

Describe your health:

☐ Good

☐ Fair

☐ Poor

Have you had previous disability counseling?

☐ No

☐ Yes, where?

Do you see a doctor regularly?

☐ No

☐ Yes name?

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? _____

Do you experience any side effects related to treatment or medication that may be relevant to identifying accommodations? _____

Describe any serious physical illness, injuries, or surgeries you have now or have had in the past.

Return form to:

Priscilla Grissom, ADA Compliance Officer

Student Academic Success

PGrissom@BakerU.edu

All medical information is treated confidentially and with the utmost respect.