` Student Accessibility Support Center (SASC)

Stony Brook Union Suite 107

 **(P)** 631-632-6748

 **(F)** 631-632-6747

 sasc@stonybrook.edu

stonybrook.edu/sasc

Student Intake Form

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| --- |
| Personal Information |
| Name: |       | Preferred Name: |       |
| Student ID# |       | DOB: |       |
| Pronouns: |       |
| SBU Email: |       | Alt. Email: |       |
| Cell Phone: |       | Alt. Phone: |       |

|  |  |
| --- | --- |
| Local Address: |       |
| Permanent Address: |       |
| Major/Program: |       |
| Check all that apply | Veteran[ ]  International Student[ ]  Transfer Student[ ]  |

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| --- |
| Emergency Contact |

|  |  |
| --- | --- |
| Name:      | Relationship:      |
| Cell Phone:      | Alt Phone:      |

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| --- |
| Academic Information |
| Freshman[ ]  Sophomore[ ]  Junior[ ]  Senior[ ]  Masters[ ]  Doctoral[ ]  Other[ ]  |

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| --- |
| Disability Information (Check all that apply) |
| [ ] ADHD/ADD | [ ]  Mental Health Disability |
| [ ] Allergy | [ ] Mobility Impairment |
| [ ] Autism Spectrum Disorder | [ ] Neurological Condition |
| [ ] Brain Injury/ TBI | [ ] Post- Traumatic Stress Disorder( PTSD) |
| [ ] Deaf/Hard of Hearing | [ ] Speech & Language Impairment |
| [ ]  Learning Disability | [ ] Temporary (specify)      |
| [ ] Medical | [ ]  Visual Impairment |
| [ ] Other (Please Specify)       |

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| --- |
| Disability and Current Impact |
| **Please describe how your disability currently impacts you in academic settings:** |       |
| **Please describe how your disability currently impacts you in Social/Personal settings:** |       |
| Accommodations |
| **What accommodations have you previously used?** |       |
| **Please list the accommodations you are requesting** |       |

|  |  |
| --- | --- |
| **If applicable, please list any adaptive technology you will be using** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |       | **Date** |       |