SOUTH PUGET SOUND COMMUNITY COLLEGE
ACCESS SERVICES

INTAKE FORM

Name: ___________________________________________ Date: ____________

Student ID #: ___________________________ Phone #: ______________ E-mail address: _______________________

Address: _____________________________________________ City: _____________ State: _____ ZIP: _______

Program of Study:  □ AA  □ AAS  □ AGS  □ Other ____________________________

Other agencies you are working with:

□ Department of Vocational Rehabilitation  □ Services for the Blind  □ Labor and Industries

□ Veterans Affairs  □ Social Security Industry  □ Other

If other please specify: ________________________________________________________________

Describe Disability: ________________________________________________________________ (Code______) Entered into HP: __________

Accommodation(s) requested. Please be specific:

__________________________________________________________________________________

__________________________________________________________________________________

**Please note that only those accommodations supported by documentation will be granted.**

STUDENT RIGHTS & RESPONSIBILITIES

As a student eligible for accommodations through Access Services (AS), per the Rehabilitation Act of 1973, Section 504 and the Americans with Disabilities Act of 1990, I understand that I also have certain responsibilities. I will do my part in meeting these responsibilities so that appropriate accommodations may be arranged.

I WILL:

1. Provide appropriate documentation to support the accommodations requested.

2. Be aware that most accommodations are dependent upon the availability and reliability of the people hired to provide them. My request does not guarantee the provision of the specified accommodation, but I understand that all efforts will be made by SPSCC to obtain the most appropriate alternative accommodation available.

3. Accommodations must be requested in a timely fashion: 3-6 weeks in advance depending on the accommodation.

4. Fill out an Accommodation Request Form each quarter that I desire accommodations.

5. Notify AS of changes in my schedule as soon as I know about them. Failure to do so may result in a delay or loss of accommodations.

6. Schedule an appointment with AS staff if I have any concerns or questions related to my accommodation(s).

7. Arrive on time and attend classes regularly. If I am consistently absent (3 or more times) I understand that AS will be notified and I might lose my services. I must talk with AS about the reason(s) I have missed class(es).

I, the undersigned, understand the above responsibilities.

Student Signature: ___________________________________________ Date: ____________

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