

**Disability Support Services Office**

Americans with Disabilities Act Office

Arkansas Baptist College

1621 Martin Luther King Drive

Little Rock, Arkansas 72202

(501) 420-1254

(501) 372-7993 FAX

**Disability Support Services Student Intake Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Circle one: Freshman Sophomore Junior Senior Graduate Studies

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

Description of the disability or disabilities you are requesting academic adjustments or accommodations for: \_\_\_\_\_  
\_\_\_\_\_

Medication usage and side effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Request for academic adjustments (Accommodations)**

Reasonable accommodations: These are determined based upon an individual analysis of the current impact of the disability on academics. A covered disability, under the ADA, is substantially limiting on a major life activity and the accommodations are necessary for equal access to the University's programs and services. Accommodations must not alter the essential elements of the program or services and are not provided for personal use or study. Please list the accommodations you are requesting:

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

Documentation provided: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Other information:

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

The Office of Disability Support Services sends information to professors, instructors and TA's, who need to know the nature of the accommodations approved for you to access programs and services. It is the responsibility of you, the Office of Disability Support Services and university faculty and staff to implement these accommodations. Please notify the office if the accommodations are not effective or if you don't need them anymore.

I authorize the Office Disability Support Services to send information on a need to know basis. Please note that you are responsible to notify the Office Disability Support Services if you add or drop classes.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_