

TO BE COMPLETED BY APPLICANT ONLY

**Montgomery College
Disability Support Services
STUDENT INTAKE**

GENERAL INFORMATION:

First Name: _____ Last Name _____ Date _____
Address _____ Apt. # _____
City _____ State _____ Zip _____
Telephone (home) _____ (other) _____ [please circle] work or cell
Student ID # _____ Birth date _____ Referred by: _____
E-mail: _____

FAMILY INFORMATION:

List the names, ages and occupations of your family members:

Name	Relationship	Age	Occupation

How would you rank your family support? (Circle one)

Excellent Good Fair Poor

MEDICAL BACKGROUND:

What is your diagnosed disability? _____

Describe your disability and how it affects your performance as a student

List any medication you are currently taking _____

Describe any long-term medical problems you have _____

Describe any hospitalizations you have had in the last five years _____

Describe any serious illnesses you have had _____

Describe any serious injuries you have had _____

How would you rate your general health? (Circle one)

Excellent Good Fair Poor

Have you ever received help from any outside agency (such as Department of Rehabilitation - DORS) for academic, career or personal counseling or support? _____

Name of agency _____ When? _____

For what reason? _____

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Are you now in counseling or therapy?

Name of therapist: _____

Phone number _____

Have you ever been in counseling or therapy? _____

When? _____

For what reason? _____

EDUCATIONAL BACKGROUND:

Check the tasks that you can do and those in which you have difficulty.

	I can do!	I have difficulty!
Paying attention in class		
Completing assignments		
Taking notes		
Memorizing		
Managing time		
Reading at a good rate		
Understanding what I read		
Doing math calculations		
Doing math word problems		
Following directions		
Spelling		
Finishing tests on time		
Putting thoughts into writing		
Proofreading		
Being motivated		

Are you currently enrolled in school? _____ Where? _____

Have you graduated from high school? _____ When? _____ Name _____

Were you ever in special or resource room programs/classes? _____ When? _____

Have you ever received tutoring? _____ In what subjects? _____ When? _____

Describe the help you received: _____

What were your easiest subjects? _____ Hardest? _____

List any honors and/or special accomplishments: _____

Have you completed a research paper? _____ How many pages? _____

On what topic? _____

Have you used a word processor for writing papers? _____

What is the most recent English course you have taken? _____ What year? _____

What is the most recent math course you have taken? _____ What year? _____

Do you like to read? _____ Name the best book you have ever read _____

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ADDITIONAL INFORMATION:

What are your interests, talents, strengths, hobbies? _____

Is English your first language? _____ What is your primary language? _____

Are you currently working? _____ Where? _____ How many hours a week? _____

What kind of work do you do? _____

What other jobs have you held? (Where, for how long?)

What do you see yourself doing in five years?

What do you wish to study at Montgomery College? _____

IF YOU HAVE A DIAGNOSED LEARNING DISABILITY, COMPLETE THE FOLLOWING:

Check if you are interested in applying to the College Access Program that is designed for students with language-based learning disabilities.

___ I would like to apply to the College Access Program.

Desired date of entry: semester _____ (fall/spring), 20__.

___ I am considering applying to the College Access Program; I need more information.

___ I am applying for support services only.

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