

**Disability Support Services
Montgomery College**

INTAKE: STUDENTS WITH DISABILITIES – SUMMER SESSION ONLY

Return this completed form to DSS with a copy of your documentation including diagnosis and impact of your disability, OR a signed letter on official letterhead from your college/university stating your disability and the accommodations you are receiving.

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Telephone (day) _____ (evening) _____

Email _____ Birthdate _____

Student ID # _____

Disability _____ Referred by _____

Name of college or university in which you are enrolled _____

How many credit hours have you accumulated? _____

What is your major? _____

Has the class you are taking (at MC) been approved for transfer by your college or university? _____

Have you ever been a student at Montgomery College? _____

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

List all services and accommodations that you are receiving at the college or university you are attending.

List any medication you are currently taking _____

Describe any long-term medical problems you have _____

Are you currently in counseling or therapy? _____

Name of therapist _____ Phone number _____

Are you working now? _____ If so, where? _____

How many hours a week? _____

ROCKVILLE

Counseling and Advising, Rm. 122

Voice: 240-567-5058

TTY: 301-294-9672

FAX: 240-567-5097

dss@montgomerycollege.edu

GERMANTOWN

Science and Applied Studies, Rm. 175

Voice: 240-567-7770

TTY: 240-567-7767

TAKOMA PARK

Student Services Pavilion, Rm. 122

Voice: 240-567-1480

Voice: 240-567-1475