



**Disability Services  
Department of Counseling and Career Services  
Edison Hall 100 – 732.906.2546  
Middlesex County College**

**Student Intake Form**

**Please answer the following questions to help us better determine your needs. Your responses are confidential. Requests for accommodations may require the submission of appropriate documentation. Please see Documentation Guidelines for specific information ([www.middlesexcc.edu](http://www.middlesexcc.edu)). You must make an appointment for an intake interview to discuss your needs. If you are requesting accommodations for the College placement testing be sure to link with Disability Services prior to testing.**

**Today's Date:** \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MCC ID#: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Current Status at MCC: (please check one):

Just applying \_\_\_\_\_

Already attending \_\_\_\_\_ Number of credits \_\_\_\_\_ Major \_\_\_\_\_

Are you working with the Division of Vocational Rehabilitation? \_\_\_yes \_\_\_no

If yes, name of DVR Counselor/Commission for the Blind Counselor \_\_\_\_\_

**Reason for Referral**

Who referred you to Disability Services? (Check all that apply)

\_\_\_Parent \_\_\_High School staff \_\_\_Faculty Member \_\_\_Advisor \_\_\_Friend

\_\_\_Counselor or Therapist: \_\_\_\_\_

\_\_\_Physician: \_\_\_\_\_

Requests:

List any specific academic accommodations that you are requesting at this time:

---

---

---

---

Have you applied to MCC through the College's Admission Office? \_\_\_\_\_

Have you taken the College Placement Test? \_\_\_yes \_\_\_no

If you have not taken the placement test are you requesting testing accommodations:

\_\_\_yes \_\_\_no If yes, what are you requesting that the College provide? \_\_\_\_\_

---

### **Academic Information**

Were you classified in Special Education in High School? \_\_\_yes \_\_\_no

If yes, what was the classification? \_\_\_\_\_

If you are currently taking College level classes please describe any academic difficulties you are having.

---

---

---

---

### **Medical History**

Please describe any health issues that may impact you in College:

---

---

---

---

List any medications you are currently prescribed and/or take regularly:

---

---

Describe any serious accidents, falls, periods of unconsciousness: \_\_\_\_\_

---

---

Have you ever had a neurological or neuropsychological exam? \_\_\_yes \_\_\_no  
Do you have a hearing problem? \_\_\_yes \_\_\_no  
If yes, do you wear hearing aids or use sign language? \_\_\_yes \_\_\_no  
Do you have a vision problem? \_\_\_yes \_\_\_no  
If yes, do you wear contacts or glasses? \_\_\_yes \_\_\_no  
Do you have a physical condition that makes writing difficult? \_\_\_yes \_\_\_no  
Do you have a physical condition that makes getting around difficult? \_\_\_yes \_\_\_no

### **Psychological History**

Have you ever been diagnosed by a professional as having a Learning Disability?  
\_\_\_ yes \_\_\_ no If yes, when were you first diagnosed? \_\_\_\_\_

Have you ever been diagnosed by a professional as having Attention Deficit/  
Hyperactivity Disorder?

\_\_\_yes \_\_\_no If yes, when? \_\_\_\_\_

Who did the diagnosis? \_\_\_\_\_

Have you ever been diagnosed by a professional as having a psychiatric/psychological  
condition?

\_\_\_yes \_\_\_no If yes, when were you first diagnosed? \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of professional: \_\_\_\_\_

Are you currently in treatment for the condition? \_\_\_yes \_\_\_no

If yes, who is your Psychiatrist/Psychologist/Therapist?

\_\_\_\_\_

Have you ever been hospitalized due to your psychiatric condition? \_\_\_yes \_\_\_no

### **Assistive Technology Assessment**

Have you ever been evaluated to use any assistive technology? \_\_\_yes \_\_\_no

If yes, what assistive technology was recommended for you?

\_\_\_\_\_

Do you currently use this technology? \_\_\_yes \_\_\_no

Did you use any assistive technology in High School? \_\_\_yes \_\_\_no

**The information contained in this form is true and accurate to the best of my  
knowledge.**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**