



## **ACCESSIBILITY STUDENT INTAKE FORM**

Theresa Hall Building – Lower Level - Office 008

accessibility@ndm.edu - 410.532.5401

This form is to be completed by the STUDENT. (If assistance is needed, please ask Accessibility Services to help). Fill out the form as completely as possible before meeting with The Director of Accessibility.

### **APPLICANT INFORMATION:**

Name: \_\_\_\_\_ NDMU Student ID #: \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Address:

\_\_\_\_\_

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

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

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Select preferred pronouns: \_\_\_\_\_she, her, hers \_\_\_\_\_he, him, his \_\_\_\_\_they, them \_\_\_\_\_other\_\_\_\_\_

Referred to Accessibility Services by: \_\_\_\_\_

### **Notre Dame of Maryland University programs:**

Select the college programs you are involved in or interested in learning more about:

- Athletics (please specify sport and season) \_\_\_\_\_
- Elizabeth Morrissey Honors Program
- Bonner Leaders (four-year scholarship program)
- Trailblazer Scholars Program (first-generation undergraduate students)



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### **EDUCATIONAL EXPERIENCE/BACKGROUND:**

What is the highest level of education/grade you have completed?

Name of High School: \_\_\_\_\_ Years Attended: \_\_\_\_\_ to

Degree Completed: ☐ High School Diploma ☐ GED/High School Equivalency.

☐ Associates ☐ Bachelor ☐ Graduate

I Have you ever attended another college or university? ☐ Yes ☐ No

When: \_\_\_\_\_ to \_\_\_\_\_ Where: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

Did you receive accommodations? ☐ Yes ☐ No

List any accommodations and/or assistive technologies that were helpful at any level of education: \_\_\_\_\_

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### **ACADEMIC STRENGTHS & WEAKNESSES:**

What type of learner are you? ☐ Visual ☐ Auditory ☐ Hands-On

What learning environment is best for you?

☐ Traditional/Lecture ☐ Online ☐ Interactive/Hands-On

How would you describe your study habits? ☐ Poor ☐ Average ☐ Good

What time of day are you most focused and productive?

☐ Morning ☐ Afternoon ☐ Evening

What are your easiest subjects? Easiest: \_\_\_\_\_ Hardest: \_\_\_\_\_



**NDMU INFORMATION:**

Are you currently taking classes at NDMU? ☐ Yes ☐ No

If No, when do you plan to start classes? \_\_\_\_\_

The intended or current program of study? \_\_\_\_\_

Are you an undergraduate or graduate student?

Specify \_\_\_\_\_

Are you a commuter or online student at NDMU? ☐ Yes ☐ No

If yes, (specify) \_\_\_\_\_

Are you a residential student who lives on campus full-time at NDMU? ☐ Yes ☐ No

If yes, share your residence hall and room number/location:

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Do you require medical housing accommodation? ☐ Yes ☐ No

If yes, share your medical diagnosis and reasoning that supports a request for housing accommodation:

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*Special note: This is a request, not a guarantee. Sufficient and specific medical documentation is required for such a request. Requesting accommodation does not confirm housing accommodation with Housing & Residence Life.*



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Do you require medical dining accommodations (applies for residential)? ☐ Yes ☐ No

If yes, share which semester, specify your disability/allergies related to food, and describe how it affects you. Also, list the specific dining accommodation and describe how the accommodation will provide greater access to on-campus dining.

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*Special note: This is a request, not a guarantee. Sufficient and specific medical documentation is required for such a request. Requesting the accommodation does not confirm a dining modification with Dining Services. While Dining Services is committed to the dietary health of each student, **it is the student's responsibility to inquire about ingredients in foods served.***

### **EMPLOYMENT:**

Are you currently working? ☐ Yes ☐ No If yes, how many hours per week? \_\_\_\_\_

Where are you employed? \_\_\_\_\_

**VETERAN STATUS:** Are you or anyone in your household a Veteran? \_\_\_\_\_

- Are you a dependent of a Veteran? \_\_\_\_\_
- Are you in the Military Reserve currently? \_\_\_\_\_

Have you been connected to the Military Families and Veteran Services if you are a dependent, veteran, or in the military reserves? Yes \_\_\_\_\_ No \_\_\_\_\_ Doesn't apply \_\_\_\_\_

DECLARED DISABILITY (check all that apply and specify):

*According to the Americans with Disabilities Act, a disability is defined as “a physical or mental impairment that substantially limits one or more of the major life activities of such individual; including people with a record of such an impairment or are regarded as having such an impairment”.*

<input type="checkbox"/> ADHD	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Traumatic/Acquired Brain Injury	<input type="checkbox"/> Health Impairment Specify:
<input type="checkbox"/> Mobility/Physical Impairment	<input type="checkbox"/> Visual Impairment/Blind	<input type="checkbox"/> Psychiatric/Psychological Specify:
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Learning Disability Specify:

Is your disability temporary or permanent? ☐ Temporary ☐ Permanent

Describe how your disability affects your learning (i.e., barriers in the classroom, testing, on campus, etc.):

List any medications you are currently taking (include the name of the medication prescribed):

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Share any of the following outside agencies from which you have received support:

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What services did this agency provide you?

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Provide the name and contact number of providers:

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Which of the academic tasks do you HAVE DIFFICULTY performing? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Paying attention in class | <input type="checkbox"/> Doing math calculations/word problems |
| <input type="checkbox"/> Taking notes              | <input type="checkbox"/> Following directions                  |
| <input type="checkbox"/> Memorizing                | <input type="checkbox"/> Spelling                              |
| <input type="checkbox"/> Time Management           | <input type="checkbox"/> Finishing tests on time               |
| <input type="checkbox"/> Reading/Understanding     | <input type="checkbox"/> Physical Activities                   |
| <input type="checkbox"/> Communication             | <input type="checkbox"/> Writing/Putting thoughts into words   |

**ACCOMMODATION REQUESTS:**

List reasonable accommodations that you believe will provide you equal access:

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***NOTE: Accommodations are approved based on your supporting documentation, including an intake interview with the Director of Accessibility.***



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Please read and initial each statement below:

My signature below affirms that I am registering with Notre Dame of Maryland University, Office of Accessibility as a student with a disability as defined by the Americans with Disabilities Act and Section 504. I understand that despite my disability:

\_\_\_\_\_ I must meet the minimum/technical standards set forth by my program of study and the classes I take with or without accommodations.

\_\_\_\_\_ I am meet responsible for informing the Director of Accessibility when I add/drop courses to receive the accommodation letters.

\_\_\_\_\_ I am responsible for following the University's policies and the NDMU Student Code of Conduct– if you need a printed copy, please let you're the director know).

\_\_\_\_\_ I need to contact the Director of Accessibility **each semester** to get my Accommodation Form(s) to give to my Instructor(s).

\_\_\_\_\_ I need to meet with my Instructor(s) to discuss my accommodation(s).

\_\_\_\_\_ Complaints about accommodations should be submitted to the Director of Accessibility.

\_\_\_\_\_ I am aware the documentation provided may **NOT** be sufficient for gateway/high stake professional exams for testing accommodations. Additional documentation may be required.

Student/Legal Guardian Signature (if necessary): \_\_\_\_\_

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

The Office of Accessibility

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