

**Intake Form  
SAN DIEGO CITY COLLEGE  
Disability Support Programs And Services**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ SS/ID# \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ College Major: \_\_\_\_\_

**REFERRAL INFORMATION**

Who referred you to our program? \_\_\_\_\_

Are you a client of a rehabilitation agency?       Yes       No      If Yes, please identify:  
Counselor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Are you receiving services through:  
 EOPS     CalWORKS     Workability III     Financial Aid     SSI/SSDI     Other \_\_\_\_\_

**DISABILITY INFORMATION**

Do you have a *HEALTH/PSYCHOLOGICAL/LEARNING* disability?     YES     NO     I DON'T KNOW

If **yes**, please describe:

**Type of Disability(ies)** \_\_\_\_\_

Description of disability(ies) \_\_\_\_\_

**Physician/Verifying Professional** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Are you currently taking any medication that may influence your educational performance?

Yes     No    If **yes**, please give name and reason for taking: \_\_\_\_\_

**FOR DSPS OFFICE USE ONLY:**

Placement Exams:      R \_\_\_\_\_      W \_\_\_\_\_      M \_\_\_\_\_      ESL \_\_\_\_\_

Disability Verification:      Sent \_\_\_\_\_      Received \_\_\_\_\_

Intake Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have a visual impairment?  Yes  No

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Do you have a hearing impairment?  Yes  No

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Do you have allergies/asthma/environmental sensitivities?  Yes  No

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Have you ever had difficulties with attention, concentration, or hyperactivity?  Yes  No

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Have you ever been evaluated for Attention Deficit (Hyperactivity) Disorder?  Yes  No

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Have you ever been unconscious due to illness or a sustained head injury?  Yes  No

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Have you ever had seizures?  Yes  No

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Do you have a history of psychological disability?  Yes  No

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Do you have a history of substance abuse?  Yes  No

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For how long have you maintained sobriety? \_\_\_\_\_

**EDUCATIONAL/WORK HISTORY**

Are you a high school graduate?  Yes  No Graduation Date: \_\_\_\_\_

If **no**, did you complete a GED?  Yes  No Date: \_\_\_\_\_

If **no**, did you receive a Certificate of Completion?  Yes  No Date: \_\_\_\_\_

Describe Previous College Experience: \_\_\_\_\_

Are you currently working?  Yes  No

If **yes**, please describe current employment: \_\_\_\_\_

Describe your most recent or most significant employment: \_\_\_\_\_

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Would you like assistance with Voter's Registration?  Yes  No

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