

**Disability Services**

Department of Counseling Services  
Edison Hall 100 – 732.906.2546  
[disabilityservices@middlesexcc.edu](mailto:disabilityservices@middlesexcc.edu)

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.

**Personal Information**

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

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Middlesex College ID#: \_\_\_\_\_

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

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

Current Status at Middlesex College (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):

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Have you applied to Middlesex College through the College's Admission Office?    ☐ Yes    ☐ No

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_