

ACCOMMODATION REQUEST FORM

Intake Interview Worksheet

Today's Date:

Current College Level: Freshman Sophomore Junior Senior Other _____

Expected Graduation Date:

BIOGRAPHICAL INFORMATION

Student Name Preferred First Name:
(Last, First, Middle Initial)

SSN or Student ID#: Email:

Local Address:

Permanent Address (if different):

Phone: Other Phone:

Emergency Contact:
(Name and Phone)

POTENTIAL DISABILITY & DATE OF ONSET/DIAGNOSIS

1) Potential Disability:

Date of Onset/Diagnosis:

2) Potential Disability:

Date of Onset/Diagnosis:

3) Potential Disability:

Date of Onset/Diagnosis:

Are you registered with the Arkansas Department of Rehabilitation? Yes No

If yes, who is your counselor?

ACCOMMODATIONS

1) Please list any reasonable accommodation(s) that you have received in the past:

2) Please note any additional information that may assist Student ADA Services in providing you with reasonable accommodations:

Completed by:

Please remit form to:

University of Arkansas – Fort Smith
Student ADA Coordinator
PO Box 3649
5210 Grand Avenue, Vines 210
Fort Smith, AR 72913-3649