

Date: _____



Accessibility Services Intake Form

Name: _____ Student ID: _____

DOB: _____ Age: _____

MGA Email: _____ Telephone: _____

Address: _____

City: _____ State: _____ zip: _____

Major: _____ Minor(s): _____ Veteran: _____

Person to contact in case of emergency:

Name: _____ Relationship: _____

Phone: _____ Other: _____

Have you ever been diagnosed with having a disability? Yes ___ No ___

What year was the diagnosis made? _____

Please provide recent documentation to support your request for accommodations. We will review the paperwork and assess your situation. Reports such as IEP's and 504s are reference materials and is considered supporting documentation. Official medical paperwork must be provided in order to secure accommodations.

Please describe your diagnosis:

Accommodations you are requesting at MGA:

Please indicate any accommodations & services received at previous academic institution(s):

The Office of Accessibility Services provides assistance at no cost to students currently enrolled at MGA. Students must be attending class at the time services are sought. Participation is mandatory if requesting accommodated services. Our hours for Fall and Spring semester are 8:00am to 5:30 pm Monday through Thursday and 8:00am to noon on Friday. Hours for Summer semester are 7:30am to 6:00pm Monday through Thursday and off on Fridays. Services are provided by appointments made in person or by phone. Email may also be used to schedule appointments, but may not be used to discuss any confidential information pertaining to a student's record with our office. Regardless of the age of the student receiving assistance from this office, the Accessibility Service Provider (ASP) will be working and communicating primarily with the student and parental involvement will be minimal.

Please initial and date if acceptable. Initial _____ Date _____

The Office of Accessibility Services and its providers are in place to be a resource. Our office encourages the student to be an advocate on their own behalf and practice regular and timely communication with the faculty and staff. Student are expected to reply to emails/phone calls from the ASP and their instructors in a timely manner. Students are also expected to be responsible in registering for their tests/exams through testing services. In addition, students will be assisted in learning about the full range of services available on campus, but it will be the responsibility of the student to utilize these resources and not expect the ASP to make appointments, schedule meetings, and other student obligations.

Please initial and date if acceptable. Initial _____ Date _____

Information students share while registered with the Office of Accessibility Services will be held with utmost confidentiality. Information students share in meetings or generated through testing services will be held in confidence and not shared without written permission. Exceptions to this occur if and when an ASP needs to communicate with other academic offices (i.e. Student Affairs, Testing Services, professors) regarding a student's accommodation. Other exceptions would occur if, in the judgement of the ASP, such a disclosure were necessary

to protect the student or someone from imminent danger, disruption of the academic environment, or if their records were subpoenaed by a Court of Law.

Please initial and date if acceptable. Initial _____ Date _____

If granted provisional accommodations, I understand that provisional accommodations expire at the end of the semester. I also understand that if I do not submit the necessary documentation to make my accommodations permanent, I may not receive provisional accommodations for the following semester.

Please initial and date if acceptable. Initial _____ Date _____

I understand it is my responsibility to contact the Office of Accessibility Services each semester I attend classes at Middle Georgia State University to notify the staff that I would like to receive my accommodations for the semester.

Please initial and date if acceptable. Initial _____ Date _____

I understand that my academic accommodations are limited to Middle Georgia State University. My accommodations do not extend into any clinical settings within my program. It is my responsibility to understand and meet the requirements within my program of choice. I understand consideration of my patient's safety will always be a priority of Middle Georgia State University, the institution of my clinical training, and myself as well. Failure to reveal any information that will impact the safety of my patients and myself will be carefully considered should any unforeseen events transpire.

Please initial and date if acceptable. Initial _____ Date _____