

California State University, Los Angeles

Office for Students with Disabilities (OSD)/ Disabled Student Support Services (DSSS)

5151 State University Drive

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INTAKE ASSESSMENT FORM

THIS INFORMATION IS REQUIRED FOR OUR FILES OR ASSESSMENT PURPOSES ONLY. ALL INFORMATION WILL BE KEPT CONFIDENTIAL. PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY.

NAME: _____
Last First Middle

RESIDENCE ADDRESS _____
Street name & number City State Zip

EMAIL: _____

HOME PHONE () _____ WORK PHONE () _____ SEX: Male Female

CIN: _____

DATE OF BIRTH: ____/____/____ AGE: _____

NATURE OF DISABILITY: (Check where appropriate)

- Mobility Wheelchair Legally Blind Deaf Speech Impairment
- Mobility Impair Impaired Vision Hard of Hearing Learning Disability
- Other

How long have you experience this condition? _____

CURRENT ENROLLMENT STATUS:

Student Status: Transfer First-Time Freshman Currently Enrolled Extended Education

Date of first enrollment at CSULA: _____

Have you satisfied your general education English requirements? Yes No Comments: _____

Have you satisfied your general education Math requirements? Yes No Comments: _____

If not, have you been contacted by Undergraduate Studies to complete this requirement? Yes No

Have you been dropped due to not completing this requirement? Yes No

Year Level at CSULA? Freshman Sophomore Junior Senior Graduate

Major: _____ Minor: _____

Name of Academic Advisor: _____ GPA: _____

Are you required to take a certain number of units (e.g. Financial Aid, Insurance)? Yes No

How many units do you usually carry per quarter? _____

Have you passed the Writing Proficiency Exam (WPE) Yes No Comments: _____

How many times have you taken the WPE? _____

ETHNICITY:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Latino/Spanish Origin | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Mexican American | <input type="checkbox"/> Native American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other |

HISTORY AND NATURE OF THE PROBLEM

What problems are you presently experiencing in school? (Please be as specific as possible.)

Do any of these difficulties affect you in everyday life outside of school? If so, in what ways?

Do you have difficulty with directions (e.g., knowing left from right, or NSEW – do you get lost easily, become upset and anxious about it, etc.)? _____ Yes _____ No

Comments: _____

When did you first notice these problems?

Are there any family members who experience similar difficulties? If so, state their relationship to you and describe their difficulties. _____

Were you enrolled in any special education or remedial classes in elementary, junior high or high school? (Please briefly describe service and name of school.) _____

Have you ever received special services at a college or university? (Please describe services and name the school.) _____

I hereby understand that the Office for Students with Disabilities at California State University, Los Angeles will use the information on this assessment to determine if my disability meets the criteria for reasonable accommodation under the American with Disabilities Act of 1990. I further understand that this will be treated confidentially, unless otherwise requested by a University official to verify the legitimacy of an accommodation.

Signature _____ Date _____