

California State University, Los Angeles
Office for Students with Disabilities (OSD)/ Disabled Student Support Services (DSSS)
5151 State University Drive
Los Angeles, CA 90032-8421
Office: (323) 343-3140 FAX: (323) 343-6429 TDD: (323) 343-3139

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 (Required): _____

HOME PHONE: () _____ **CELL PHONE:** () _____

CIN: _____

GENDER: MALE FEMALE **DATE OF BIRTH:** ____/____/____ **AGE:** ____

NATURE OF DISABILITY: (Check where appropriate)

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

How long have you experienced this condition? _____

Have you been referred to our office? If so, by: _____

CURRENT ENROLLMENT STATUS:

Date of **first** enrollment at CSULA: _____

(check all that apply)

Transfer First-Time Freshman Currently Enrolled Extended Education

Freshman Sophomore Junior Senior Graduate

Major: _____ **Minor:** _____

Have you satisfied your general education English requirements? Yes No

Have you satisfied your general education Math requirements? Yes No

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

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

See Reverse

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

How many times have you taken the WPE? _____

ETHNICITY: (optional)

- American Indian or Alaskan Native Asian Hispanic or Latino
- Native Hawaiian or other Pacific Islander White More than one race
- Black or African American No response

**I am also an *EOP student at CSULA* and hereby grant permission to OSD—CSULA to acknowledge to my EOP Counselor (or Director) if necessary, that I am a student registered with OSD. The information released/shared with my EOP Counselor (or Director) will be limited specifically to program participation and accommodations that will assist me with my academic career.

I Grant Permission Yes No Initial _____ Not EOP

Please Note: During your intake interview, be prepared to answer additional questions related to the history and present condition of your disability.

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.

Student Signature

Date