ROBESON COMMUNITY COLLEGE

Post Office Box 1420; 5160 Fayetteville Rd.
Lumberton, NC 28359
(910) 272-3700 www.robeson.edu

Office of Counseling and Career
Accessibility Services
Student Intake Form

PERSONAL INFORMATION

Name Date
First MI Last

Address:
Street/PO Box City State Zip Code

Telephone:
Home Work/Cell

Email:

Date of Birth: Student ID #:

Emergency Contact: Phone Number:

ENROLLMENT INFORMATION

Are you currently enrolled: ☐ yes ☐ no Date of enrollment:

Expected date of graduation: Program or Degree:

Advisor: Requesting Services for: ☐ Fall ☐ Spring ☐ Summer

DISABILITY INFORMATION

Documentation required. Please check all that may apply.

- ☐ ADD/ADHD
- ☐ Amputation
- ☐ Arthritis/Rheumatism
- ☐ Asthma
- ☐ Cancer
- ☐ Cardiac Condition
- ☐ OTHER (specify):
- ☐ Cerebral Palsy
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Fibromyalgia
- ☐ Head Injury
- ☐ Deaf/ Hard of Hearing
- ☐ HIV/AIDS
- ☐ Kidney Disease
- ☐ Learning Disability
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Paraplegia
- ☐ Psychological
- ☐ Quadriplegia
- ☐ Respiratory Disease
- ☐ Speech Impairment
- ☐ Spina Bifida
- ☐ Visual Impairments

ACCOMMODATION INFORMATION

Please check all that may apply.

- ☐ Sign Language Interpreter
- ☐ Enlarged printed material
- ☐ Assistive Listening Devices
- ☐ RFB services (recorded books)
- ☐ Other:
- ☐ Testing Accommodations
- ☐ Preferential seating
- ☐ Tape Recording privileges
- ☐ Computer w/ speech output w/ zoom text
- ☐ Visual Aids
- ☐ Support Counseling
- ☐ Tutoring

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Do you use:

- ☐ a wheelchair (electric or manual)
- ☐ a speech communication device
- ☐ adaptive equipment (please list):
- ☐ a service animal
- ☐ other:

FINANCIAL AID INFORMATION

Check all that you have applied for and/or receiving.

Federal Pell Grant: ☐ yes ☐ no

Other Sources of Aid: ☐ yes ☐ no

Please specify other sources of aid:

Vocational Rehabilitation: ☐ yes ☐ no

VR Counselor: Telephone#:

Division of Services for the Blind: ☐ yes ☐ no

DSB Counselor: Telephone#:

CONFIDENTIALITY STATEMENT

All information submitted to this office is considered confidential and will be used solely for the purposes directly related to providing services on behalf of the student.

RELEASE OF INFORMATION

I authorize this office to release relevant information regarding my disability to persons who have a legitimate educational need to know and/ or to arrange or provide accommodations on my behalf. These individuals may include: instructors, faculty, parents, and service providers (Physicians, Psychologists, VR Counselors, or other Qualified Professionals).

Please list exceptions to this release of information

My signature below indicates I understand the confidentiality and release of information statement and agree to the terms noted.

Student Signature **Date**

Counselor Signature **Date**

**It is the student's responsibility to ensure documentation is submitted to this office in a timely manner before eligibility services can be determined. Contact Counseling & Career Services for more information at (910) 272-3353.*