

Faulkner University's
Center for Accessibility
(334)386-7185

Accessibility Intake Form

Student Name (please print): _____ Student ID: _____

1. What disability or disabilities create barriers in academic and nonacademic activities?

2. How does your disability (or disabilities) affect your performance in school?

a. Academic strengths: _____

b. Academic challenges: _____

c. Nonacademic strengths: _____

d. Nonacademic challenges: _____

3. What is the best way you learn? (Please check all that apply to you.)

- a. ☐ Visually
- b. ☐ Auditory
- c. ☐ Hands-on

4. What is the best learning environment for you? (Please check all that apply to you.)

- a. ☐ Traditional
- b. ☐ Online
- c. ☐ Self-paced
- d. ☐ Interactive / hands on

5. Which of the following study skills would you like to learn more about?

☐ Knowledge about your learning style	☐ Participating in study groups	☐ Organization of study materials	☐ Eating well
☐ Use of an appointment book	☐ Active reading	☐ Draft papers	☐ Getting enough sleep
☐ Setting goals	☐ Note taking	☐ Slow down on tests	☐ None

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6. What time of day are you most focused and productive?

- a. Morning
- b. Afternoon
- c. Evening

7. Please mark any of the following that you find challenging:

✓	Activity	✓	Activity
	Paying attention in class		Completing math calculations
	Completing assignments		Completing word problems in math
	Taking notes		Following directions
	Memorizing content		Spelling
	Managing time		Finishing tests on time
	Reading at a good rate		Putting thoughts into words
	Understanding what I read		Being motivated
	Proofreading		None

By signing this form, I verify that I have answered all questions to the best of my ability. This information is confidential and will be maintained within my file at Faulkner University's Accessibility Office.

Student's signature

Date completed

To be filled out by Faulkner University's Accessibility staff only:

Date received from student	Date filed	Reviewed by: