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

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:**