



Eastern Illinois University
Office of Student Disability Services Initial Intake Form

E Number: E \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ OPTIONAL: Birth Date: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_@eiu.edu Off Campus Email: \_\_\_\_\_
(This is the only e-mail we will use for current students) (Only if you are not yet accepted to EIU)

Home Phone: \_\_\_\_\_ Optional: Parent(s) name/contact info: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City/State: \_\_\_\_\_

Are you a transfer student? Yes No From which school? \_\_\_\_\_

U.S. Veteran? Yes No Branch: \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Class Level: FR SO JR SR GRAD

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Advisor's Name: \_\_\_\_\_

Please list accommodations used at previous institutions: \_\_\_\_\_

Accommodations used in high school: \_\_\_\_\_

Do you have a Department of Rehabilitation (DRS) sponsorship? Yes No Applied Not Eligible

If yes, describe services received from DRS: \_\_\_\_\_

What is the disability for which you are requesting accommodations? \_\_\_\_\_

How old were you when you were diagnosed with the disability? \_\_\_\_\_

How do you see the disability impacting you in this setting? \_\_\_\_\_

What accommodations are you requesting? \_\_\_\_\_

I understand that specific information is required for documentation of different types of disabilities and that accommodations will be considered only after the disability has been verified according to OSDS Documentation Requirements.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_