



# KEAN

## OFFICE OF DISABILITY SERVICES

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1000 Morris Ave Union NJ 07083 TEL: (908) 737-4910 FAX: (908) 737-4865 EMAIL: [disabilityservices@kean.edu](mailto:disabilityservices@kean.edu)

### STUDENT INTAKE APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ KU-ID/ \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Kean Email: \_\_\_\_\_@kean.edu Personal Email: \_\_\_\_\_@ \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Who referred you to ODS? \_\_\_\_\_

What is your diagnosed disability?

\_\_\_\_\_

Describe how your disability affects your performance as a student:

\_\_\_\_\_

\_\_\_\_\_

List any medications you are currently taking along with dosage, frequency, and who prescribed them:

\_\_\_\_\_

\_\_\_\_\_

Describe any long-term medical problems, illnesses or injuries you have had:

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Describe any hospitalizations you have had in the last five years:

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How would you rate your general health:

\_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor

Have you ever received any assistance from an outside agency (such as DVR) for academic, career, or personal counseling or support? \_\_\_\_\_

Name of agency: \_\_\_\_\_ when: \_\_\_\_\_

For what reason: \_\_\_\_\_

Are you now in counseling or therapy? \_\_\_\_\_ When did you start with your current therapist? \_\_\_\_\_

Name of therapist: \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you had any previous therapy or counseling? \_\_\_\_\_ When? \_\_\_\_\_

When did you graduate from high school? \_\_\_\_\_ OR Receive GED? \_\_\_\_\_

Name of high school: \_\_\_\_\_

Have you ever attended another college or university? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Degree or credit hours achieved: \_\_\_\_\_

List any accommodations/adaptive technology you used in high school or college:

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