The Intake Process

Virginia Commonwealth University (VCU) is committed to providing reasonable accommodations for students with documented disabilities or health-related needs as recognized under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. Our mission is to create inclusive and accessible learning environments and to facilitate academic success through innovative services and programs in partnership with faculty, staff, and students at VCU. We assess requests for accommodations on a case-by-case basis and have established policies and procedures designed to ensure equal access to all VCU programs, activities, and facilities. Requests for accommodations will be addressed on a rolling basis and it is recommended that students begin the process a minimum of 4 weeks prior to the start of classes.

In order to register with The Office of Disability Support Services (DSS) at VCU, any interested student must go through the following three-step process.

1. **Intake Form**
   We prefer that you complete an electronic intake form on our website. Upon request, a paper version can be made available. This step provides students an initial opportunity to describe their disability in their own words, indicate which accommodations they may be seeking (if known), and provide contact information. This information helps guide the intake meeting.

2. **Documentation**
   All students seeking accommodations must provide documentation from a qualified healthcare professional confirming a diagnosis and detailing the functional impairment of a disability or health-related issue. If you need copies of the documentation guidelines, please contact DSS or visit our website at http://www.students.vcu.edu/dss/registration/. It is very important that your documentation satisfy the DSS requirements. Documentation may be submitted to DSS by a student or it may be sent directly from a service provider (physician, therapist, previous school/institution).

   Documentation may be delivered in person or sent by email, fax, or mail to the following:
   
   Attn: Disability Support Services
   University Student Commons, Suite 102
   907 Floyd Avenue
   P.O. Box 842529
   Richmond, VA 23284-2529
   Email: dss@vcu.edu
   Fax: (804) 828-1944

3. **Intake Meeting**
   Once DSS has received an intake form and documentation from a student, these materials will be reviewed by a case manager. If it is determined that documentation does not meet our guidelines or if additional information is needed, the case manager will contact the student to discuss next steps. If the documentation meets guidelines and it appears the student is eligible for accommodations, the case manager will schedule an initial intake meeting with the student to establish reasonable accommodations and officially register with the DSS office.
A Note on FERPA and Confidentiality

DSS is committed to protecting the privacy and maintaining confidentiality for all students who disclose sensitive information to our office. It is important that students are aware of their rights in this regard and the limitations on confidentiality. DSS generally does not provide information from student records to any individual outside of the office unless the student requests that we do. In certain limited circumstances, however, DSS may disclose information from your records to another VCU official, for example, when it would be necessary to enable the provision of reasonable accommodations or support. If you have any questions about use or disclosure of your specific records by DSS, please ask your case manager.

For more information regarding VCU’s obligation to protect student information under the Family Educational Rights and Privacy Act (FERPA), you may wish to consult the Records and Registration website at http://rar.vcu.edu/records/family-educational-rights-and-privacy-act/
Intake Form

Please complete the following intake form in order to begin the registration process with VCU DSS (serving Monroe Park Campus). In addition to this intake form, you will also need to provide documentation and complete an intake with your case manager. If, for any reason, this form is not accessible to you, please contact DSS at dss@vcu.edu or (804) 828-2253. You may also complete this form digitally using the fillable version on our website.

Date: ______________________

General Information

Name: ___________________________  V#: ___________________________  Date of Birth: ___________________________

Pronouns of Use:  
[ ] He/Him/His  
[ ] She/Her/Hers  
[ ] They/Them/Theirs  
[ ] Other: ___________________________

Preferred Name: ___________________________

Please note the first name that you would like for us to use when working with you.

Cell: ___________________________  VCU E-Mail: ___________________________

Current Status:  
[ ] Incoming Freshman  
[ ] Freshman  
[ ] Sophomore  
[ ] Junior  
[ ] Senior  
[ ] Graduate  
[ ] Other: ___________________________

Major: ___________________________  Academic Advisor: ___________

Accommodation requested beginning in:  
[ ] Fall  
[ ] Spring  
[ ] Summer  

Disability Information

What is your diagnosed disability/disabilities? (Check all that apply)

[ ] ADD/ADHD  
[ ] Learning Disability  
[ ] Psychological/Psychiatric  
[ ] Autism Spectrum Disorder  
[ ] Deaf/Hearing Impairment  
[ ] Blind/Visual Impairment  
[ ] Mobility Impairment  
[ ] Medical/Chronic Health  
[ ] Traumatic Brain Injury  
[ ] Speech/Language Impairment  
[ ] Other: ___________________________

________________________________________________________________________________________
Please indicate level of limitation you experience as a result of your disability/condition, with 1 being no impact and 5 being substantial impact.

<table>
<thead>
<tr>
<th>Major Life Activity</th>
<th>Rating</th>
<th>Learning/Executive Functioning</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for Oneself</td>
<td>1 2 3 4 5</td>
<td>Memory</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Talking</td>
<td>1 2 3 4 5</td>
<td>Concentrating/Focus</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Hearing</td>
<td>1 2 3 4 5</td>
<td>Listening</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Seeing</td>
<td>1 2 3 4 5</td>
<td>Organization/Planning</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Walking</td>
<td>1 2 3 4 5</td>
<td>Managing Distractions</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Standing</td>
<td>1 2 3 4 5</td>
<td>Timely Submission of Assignments</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Lifting/Carrying</td>
<td>1 2 3 4 5</td>
<td>Attending Class Regularly</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Sitting</td>
<td>1 2 3 4 5</td>
<td>Making/Keeping Appointments</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Performing Manual Tasks</td>
<td>1 2 3 4 5</td>
<td>Reading</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Eating</td>
<td>1 2 3 4 5</td>
<td>Writing</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Working</td>
<td>1 2 3 4 5</td>
<td>Spelling</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Interacting with others</td>
<td>1 2 3 4 5</td>
<td>Quantitative Reasoning (Math)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Sleeping</td>
<td>1 2 3 4 5</td>
<td>Processing Speed</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Managing stress</td>
<td>1 2 3 4 5</td>
<td>Other</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Please describe your disability/condition and how it impacts you as a student: ____________________________________________________________

______________________________________________________________________________________________________________________________________________________________

Please describe how your disability impacts nonacademic areas of your life: ____________________________________________________________

______________________________________________________________________________________________________________________________________________________________

Do you use any form of assistive equipment, technology, or auxiliary aids on a regular basis? If so, describe: __________________________________________________________

______________________________________________________________________________________________________________________________________________________________

Is there any additional information you feel would be helpful for us to know to provide reasonable accommodation for your disability? __________________________________________________________

______________________________________________________________________________________________________________________________________________________________
Service/Support History

Did you have an IEP/504 Plan/accommodations in High School?  [ ] Yes  [ ] No  [ ] Not Sure

Did you receive accommodations at previous university?  [ ] NA  [ ] Yes  [ ] No  [ ] Not Sure

Please indicate any accommodations or support services you received in high school or at a previous university/college:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Are you currently receiving disability-related services from, or working with, any outside agencies?
[ ] Yes  [ ] No  [ ] Not Sure

If so, please describe:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Accommodations Request

Please list the disability-related accommodations that you are interested in discussing with a DSS case manager (please note, course substitutions, housing, dining, and animal-related accommodations will require an additional request form):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Submission Verification

[ ] By checking this box, I acknowledge that I have read the documentation guidelines supplied by Disability Support Services. I understand that I will need to supply sufficient documentation and complete an intake meeting to verify my disability before I am eligible for accommodations.

[ ] By checking this box, I acknowledge that that information contained in this form is true and accurate to the best of my knowledge.

________________________________________________  ________________________________
Signature Date