



**Intake Application for  
Accessibility Services**

Office of Accessibility Services  
Shawnee State University  
940 Second St.  
Portsmouth, OH 45662  
Ph# (740) 351-3276 or (740) 351-3106  
Fax# (740) 351-3047

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Shawnee ID: \_\_\_\_\_ MY MAIL E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

Permanent City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Where did you attend high-school?: \_\_\_\_\_

Did you receive special education services in high-school?      Yes      No  
If **yes**, please include your most recent IEP/504 Plan.

Did you transfer from another college(s) or university?      Yes      No  
If **yes**, where?: \_\_\_\_\_

What accommodations were approved? \_\_\_\_\_  
\_\_\_\_\_

Have you applied to Shawnee State?      Yes      No  
When do you plan to enter Shawnee State?  
Fall\_\_\_\_ Winter\_\_\_\_ Spring\_\_\_\_ Summer\_\_\_\_ Year 20\_\_\_\_ Current Student\_\_\_\_

What is your intended major? : \_\_\_\_\_

Please mark **ALL** that apply: I am requesting accommodations because I am an individual with:

- |   |   |
|---|---|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Psychological Impairment           |
| <input type="checkbox"/> Hearing Impairment         | <input type="checkbox"/> Physical/Medical Impairment        |
| <input type="checkbox"/> Mobility Impairment        | <input type="checkbox"/> Traumatic Brain Injury/Closed Head |
| <input type="checkbox"/> Learning Disability        | <input type="checkbox"/> Visual Impairment                  |
| <input type="checkbox"/> Autism Spectrum Disorder   |   |
| <input type="checkbox"/> Other: _____               |   |

Please list the academic accommodations and services you are requesting.  
\_\_\_\_\_  
\_\_\_\_\_

I have submitted the following documentation to The Office of Accessibility Services:  
\_\_\_\_\_  
\_\_\_\_\_

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

Coordinator: \_\_\_\_\_