

Intake Checklist

Student Name: _____ Blinn ID #: _____

_____ I understand that access to services is **VOLUNTARY**; I can choose **NOT** to receive services.

_____ I understand that the following services **ARE NOT PROVIDED** by the ODS:

- a. Personal/private tutoring.
- b. Routine “academic progress reports” on individual students

_____ I have received information about confidentiality of records and the **limits of confidentiality**. I **understand** the confidentiality of records and the limits of confidentiality.

_____ I understand that my academic and accommodation related information will be discussed within the institution on a need-to-know basis only.

_____ I have completed the self- report questionnaire and submitted supporting documentation to verify my diagnosis.

_____ I understand that I must complete a Dependency Form through Enrollment Services in order for ODS to speak with guardians.

_____ I understand the procedure for requesting academic accommodations from ODS and upon final approval, letters will be emailed to my BUC email.

_____ If I am receiving testing accommodation services in the ODS testing room (test reader or scribe), it is **my responsibility** to schedule the test with ODS at least three days in advance. **This statement also appears on my letters of accommodation.**

_____ I understand that it is **my responsibility** to remind instructors to send my exams to the learning center or ODS for testing. (Letters will state where students test).

_____ I understand that it is my responsibility to renew services **each semester**.

Student Signature

Date

ODS Staff

Date