

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 **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 accommodation request form and submitted supporting documentation to verify my diagnosis.

I understand that I must complete a Dependency Form (FERPA) 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, it is **my responsibility** to schedule the test with ODS at least three days in advance.

I understand that it is **my responsibility** to remind instructors to send exams/quizzes to the learning center or disability testing office.

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

Student Signature

Date

Accommodation Request Form

Full Name: _____ Blinn ID #: _____

Student Phone #: _____ BUC Email: _____

DOB: _____ Semester you are requesting accommodations? _____

Please indicate if you are:

Bryan Student

Brenham/Schulenburg/

Sealy Student

Bryan Collegiate Student

RELLIS Student

DARS/TWC Consumer

Health Science Center

Veteran/Active Duty Student

Student Athlete

Disability Information:

What is nature of your disability?

How does your disability affect you as a student?

Potential Accommodations:

What accommodations have you used in the past?

What accommodations are you requesting?

Incoming freshman: Are you requesting accommodations on the TSI exam? Yes No

Brenham students, are you requesting housing accommodations? Yes No

If yes, describe your accommodation request:

Please attach supporting documentation (i.e. physician's letter, 504 paperwork, etc.) for our office to review. Students will be contacted at their BUC email address.