



Office of Disability Services  
ACADEMIC CENTER for EXCELLENCE  
McKillop Library, 2<sup>nd</sup> Floor  
(401) 341-3150 Fax (401)341-2912

## CONTINUING STUDENT INTAKE

### PERSONAL INFORMATION

Please print *clearly*:

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

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Local address (dorm name and room number, or local address):  
\_\_\_\_\_

### ACADEMIC INFORMATION

Student ID # \_\_\_\_\_

Current Academic Year: Fr So Jr Sr GR Semester: Fall Spring 20\_\_

Academic Advisor: \_\_\_\_\_ Major: \_\_\_\_\_

Do you plan to study abroad? \_\_\_Yes \_\_\_No

### DISABILITY INFORMATION

Have there been any changes in the status, progression or nature of your disability since you were last approved for accommodations? YES NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have there been any changes in the treatment of your disability? YES NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do we have documentation supporting any changes in your disability on file? YES NO

Do you take any medications to treat your disability? YES NO

Current medications: \_\_\_\_\_

Which academic accommodations have you used in the past? \_\_\_\_\_  
\_\_\_\_\_

\*Note: Some disability types require more frequent updating of documentation to support the granting of accommodations. Please see the ACE's website or call x3150 to ask whether your documentation needs updating.

OVER →

**Please attach a copy of your current schedule.**

Once you have met with Disability Services you will receive a "Notification of Accommodations" form to give to each of your professors. ***It is your responsibility to meet with each of your professors to make arrangements for the implementation of your accommodations*** (merely giving them the letter does not constitute implementation of the accommodations, since each course is different).

If you have been given test accommodations (extended time, etc.) ***you must decide for every test whether you need to use the accommodation, and then notify both the ACE and your professor, at least 4 days in advance, of your intent to do so.*** Neither your professor nor the ACE will make arrangements for you without first having been instructed by you (in person or email) to do so.

Do you understand how to access and use your disability accommodations? If so, please initial here: \_\_\_\_\_

I certify that the information contained here is true and accurate to the best of my knowledge:

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Call if you have questions:  
(401) 431-3150 (Disability Services at the Academic Center for Excellence)  
(401) 431- 2226 (Academic Development Center main number)**