



CENTER FOR ACCOMMODATIVE SERVICES
Intake Form for Temporary Accommodations

Name _____ Date _____

Major _____ DOE _____

High School _____

Contact Person _____

Contact Information _____

Diagnosis _____ When _____

Accommodative Services used in the past:

Skills:

Reading _____

Writing _____

Math _____

Study Skills _____

PSC Academic Supports being utilized:

SI _____

Tutoring _____

Study Groups _____

TRiO _____

Current Courses:

Course	Prof	Current Grade	Repeat?

Other Related Information: