

**Intake Form
BARSTOW COLLEGE
ACCESS**

I. PERSONAL INFORMATION

Name: _____ SS/ID# _____ Date: _____

Address: _____ City/Zip: _____

Date of Birth: _____ Gender: Male Female Ethnicity _____

Home Phone: _____ Work Phone: _____

Email Address: _____ College Major _____

II. REFERRAL INFORMATION

Who referred you to our program? _____

Are you a client of a rehabilitation agency? Yes No If yes, please identify: _____

Counselor's Name/Phone #: _____

Are you receiving services through: EOPS SSI/SSDI CalWORKS Financial Aid

III. DISABILITY INFORMATION

Do you have a HEALTH/PSYCHOLOGICAL/LEARNING disability? Yes No I don't know

If yes, please describe:

Type of Disability _____

Description of Disability _____

Secondary Disability _____

Physician(s)/Verifying Professional _____

Address: _____ City/Zip: _____

Phone: _____ FAX _____

Are you currently taking any medication that may influence your educational performance? Yes No

If yes, please give name and reason for taking: _____

Do you have a visual impairment? Yes No _____

Do you have a hearing impairment? Yes No _____

Do you have allergies/asthma/environmental sensitivities? Yes No _____

Have you ever had difficulties with attention, concentration, or hyperactivity? Yes No

Have you ever been evaluated for Attention Deficit (Hyperactivity) Disorder? Yes No

Have you ever been unconscious due to illness or a sustained head injury? Yes No

Have you ever had seizures? Yes No

Do you have a history of psychological disability? Yes No

IV. EDUCATIONAL/WORK HISTORY

Are you a High School Graduate? Yes No Graduation Date: _____

If no, did you complete a GED? Yes No Date: _____

If no, did you complete a Certificate of Completion? Yes No Date: _____

V. EMERGENCY INFORMATION

Name of person to be notified in case of emergency: _____

Phone: _____ Cell: _____ Relationship: _____

Student Signature _____ **Date** _____

FOR ACCESS OFFICE USE ONLY:

Placement Exams: R _____ W _____ M _____ ESL _____

Disability Verification: Sent _____ Received Date _____

Intake Conducted by: _____ Date: _____