**Intake Questionnaire**

Today’s date:

Your full name:

Date of birth and current age:

Home address:

Cell Phone or Best number to reach you at:

Southern Email:

Parent/Guardian name:

Parent/Guardian phone:

Parent/Guardian email:

Do we have permission to contact your parents?

***(If yes, please sign release form)***

**Educational Background:**

Where did you go to high school?

Year graduated?

Diploma or GED?

Did you receive any type of accommodations?

If so, please describe services received and for how long:

Academic standing (circle one):

Good Academic Warning Probation Suspension

Who is your Academic Advisor?

Do we have permission to contact your advisor?

(If yes, please complete appropriate release form)

**On-Campus Residents**

Do you live on campus now? If so, we would like to know where and with whom:

Name of residence hall:

Name of roommate:

How are you getting along with your roommate(s)?

**Off-Campus Residents**

With parents at home?

With other family member? If so, with whom?

Or other place?

Please tell us about your lifestyle and habits (privacy needs, personal space needs, neatness, etc.)

Are you having difficulties with your living arrangements?

**Dining:**

Do you know where the dining halls are?

Please tell us about your food preferences or needs

Do you follow any specific diet?

Do you have any strong food likes and dislikes?

**Student Activities:**

Are you a member of any groups on campus?

If so, which ones?

Would you like help in locating groups and activities?

**Judicial or Disciplinary Actions:**

Are you involved in any judicial actions now or in the past?

Are you aware of any situations that make you uncomfortable such as bullying or drug use that you would like to discuss with someone?

**Personal Care:**

Have you located the laundry rooms?

Do you know how to use the machines?

Do you have a car?

Do you have a driver’s license?

**Health and Disability Information:**

Please tell us about your main disability

When were you first diagnosed with this condition?

Please attach any reports you may have

Please describe your condition and how it affects you

At home?

At work?

At school?

With friends?

Do you have any other health issues or medical conditions?

Have you ever seen a medical doctor about this or another conditions?

Have you ever been treated for a psychological disorder such as anxiety or depression? If yes, please provide details

Name of Physician or therapist (Name, address, phone)

Do we have permission to contact?

***(If yes, please sign appropriate release form)***

Medications taken

Side effects?

Please make sure to submit all documentation to the Disability Support Services Office

Or via email at [DSS@southern.edu](mailto:DSS@southern.edu)

**Personal Strengths, Weaknesses, and Goals:**

My best subjects and skills are:

My areas of special interest and talent are:

My goals for the semester are:

My long range goals are:

I really need a lot of help with:

**Areas of Difficulty Checklist**

**Learning and Memory**

**□** New assignments are confusing

□ I can’t make decisions

□ I only like to study things that are interesting to me

□ I have difficulty remembering instructions unless I write them down

□ I get overwhelmed in class or when studying

□ Sometimes my mind goes blank during exams

□ I have a lot of memory problems

□ I have trouble taking notes in class

□ I don’t have good study habits

**Attention and Organization**

□ Sometimes I can’t concentrate

□ Little things get me distracted

□ I have trouble getting started on things

□ My room and notes are really disorganized

□ I need to move around when I have to sit still

□ I never plan my work in advance

□ Deadlines make me panicky

□ I start a lot of projects that I don’t finish

□ I only like to do one thing at a time

**Communication Skills**

□ Sometimes I speak too softly

□ I hate small talk at parties

□ I don’t answer questions or say one or two words

□ It is hard to listen to and understand people

□ I don’t like to look people in the eyes

□ Sometimes I talk too loud or too high

□ I am very hard to interrupt

□ I only talk about things that interest me

□ Some people say my voice sounds funny

□ I sometimes stand too close when talking to others

□ It is hard for me to start or join conversations

□ I feel I’m boring to talk to

**Emotions**

□ I get really afraid of people, places, or activities

□ People tell me I overreact to little things

□ I am too afraid to talk to my professors

□ Even when I get good grades, I worry about failing

□ I get down or blue a lot

□ I cry all the time

□ I get panic attacks

□ I need to be alone

□ Sometimes I get over-excited

**Behavior**

□ I start many things before thinking

□ I need to fidget or pace

□ People sometimes look at me funny

□ I like to do things the same way every time

□ Sometimes my behaviors seem unusual to others

□ I spend too much time online instead of studying

□ I can’t relax because I am so stressed

□ I need to have something in my hands to stay focused

□ I have the same idea over and over again

□ I get upset when things unexpectedly change

**Interpersonal Skills**

□ I don’t like to talk to people at school

□ I don’t know how to act when people come up to me

□ Making friends seems really difficult to me

□ I don’t know how to ask someone on a date

□ I just don’t understand what makes people tick

□ I don’t have any friends at school

□ Group projects are awful – I prefer to work by myself

□ It is difficult for me to ask for help

□ I tend to stay away from people at school

□ I like to eat by myself

□ All the activity in school gets me too stimulated

**Sensory**

□ Sometimes voices get too loud for my ears

□ Being too close to other people makes me jumpy

□ I only like to wear certain clothes

□ I am very sensitive to heat or cold

□ Things that rotate are fascinating to me

□ I need to look at things to understand them

□ I get lost and don’t remember how to get around places

□ Being touched by someone is really uncomfortable

□ I get stressed in noisy places

□ I avoid people who wear certain perfumes

□ I wish I had a private bathroom

**Wellness and Self-Care**

□ I don’t take the medicines my doctor prescribes

□ At times, I don’t eat very well

□ I don’t sleep as much as I need

□ I sleep too much

□ I forget things like laundry or showers

□ I don’t exercise or do any physical fitness activities

□ Sometimes I work long hours and don’t take any breaks

□ I don’t know how to get to a doctor when I am sick

□ When I see a doctor I don’t know what to tell them

□ I forget to clean my room

□ I don’t know where or how to get my medications

**Campus Resource Needs**

□ I don’t know how to get accommodations

□ I can’t get a meeting with an academic advisor

□ I don’t have a quiet place to study

□ I can’t find a tutor or academic coach

□ I have housing problems

□ I don’t have a local doctor or therapist

□ I don’t have transportation

**Confidential Release of Information Form**

I (Student’s Name) hereby give permission to Disability Support Services also known as “DSS” at Southern Adventist University to provide and/or receive information about my treatment or evaluation by those individuals or entities that DSS believes may help determine the best plan of action for my success. I understand this information is for the purpose of evaluating a request for academic accommodations and/or services. I understand such material will be held in strict confidence and may not be released without written authorization by myself.

Additional Comments:

Student/Parent Signature Date

Witness Date