Stony Brook Logo
` Student Accessibility Support Center (SASC)

Stony Brook Union Suite 107

**(P)** 631-632-6748

**(F)** 631-632-6747

[sasc@stonybrook.edu](mailto:sasc@stonybrook.edu)

stonybrook.edu/sasc

Student Intake Form

|  |  |  |  |
| --- | --- | --- | --- |
| Personal Information | | | |
| Name: |  | Preferred Name: |  |
| Student ID# |  | DOB: |  |
| Pronouns: |  | | |
| SBU Email: |  | Alt. Email: |  |
| Cell Phone: |  | Alt. Phone: |  |

|  |  |
| --- | --- |
| Local Address: |  |
| Permanent Address: |  |
| Major/Program: |  |
| Check all that apply | Veteran International Student Transfer Student |

|  |
| --- |
| Emergency Contact |

|  |  |
| --- | --- |
| Name: | Relationship: |
| Cell Phone: | Alt Phone: |

|  |
| --- |
| Academic Information |
| Freshman Sophomore Junior Senior Masters Doctoral Other |

|  |  |
| --- | --- |
| Disability Information (Check all that apply) | |
| ADHD/ADD | Mental Health Disability |
| Allergy | Mobility Impairment |
| Autism Spectrum Disorder | Neurological Condition |
| Brain Injury/ TBI | Post- Traumatic Stress Disorder( PTSD) |
| Deaf/Hard of Hearing | Speech & Language Impairment |
| Learning Disability | Temporary (specify) |
| Medical | Visual Impairment |
| Other (Please Specify) | |

|  |  |
| --- | --- |
| Disability and Current Impact | |
| **Please describe how your disability currently impacts you in academic settings:** |  |
| **Please describe how your disability currently impacts you in Social/Personal settings:** |  |
| Accommodations | |
| **What accommodations have you previously used?** |  |
| **Please list the accommodations you are requesting** |  |

|  |  |
| --- | --- |
| **If applicable, please list any adaptive technology you will be using** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |