



Date: \_\_\_\_\_

*Student Intake Questionnaire*

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you registered with the SDRC? Y or N

Have you been assessed for a disability before? Y or N

If so, when and by whom? \_\_\_\_\_

Do you have documentation of a disability? Y or N

If yes, please provide a copy.

Have you met the math course requirement? Y or N If no, number of attempts? \_\_\_\_\_

Current GPA and Academic standing: \_\_\_\_\_

Primary Concern/Need:

\_\_\_\_\_

How can the SDRC office best support you?

\_\_\_\_\_

*Briefly share how you learn.*

Learning Strengths:

\_\_\_\_\_

Learning Weaknesses:

\_\_\_\_\_

What strategies help you learn best?

\_\_\_\_\_

What makes learning most challenging for you?

\_\_\_\_\_