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?
_________________________________________________________________________________