

Student & Banner ID:	DSS Semester Entry:
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**INTAKE EVALUATION FORM
DISABILITY SUPPORT SERVICES**

Date of Birth:	Evaluation Date:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	ACES Email: @student.alamo.edu		
Address:	City:	State: TX	Zip:
Cell Phone:	Alternate Phone:		

1. INTAKE AND ELIGIBILITY DETERMINATION

Documentation Submitted:

Date of Documentation:

Expiration of Documentation:

Professional's Signature Credentials:

Primary Disability:

Secondary Disability:

Other (disability):

<input type="checkbox"/> Comprehensive Individual Assessment <input type="checkbox"/> Full & Individual Evaluation <input type="checkbox"/> Medical Report <input type="checkbox"/> Other: <input type="checkbox"/> Waiver of Documentation allowed 1 semester only:

2. TUITION ASSISTANCE

Are you receiving community support services from any agency?	<input type="checkbox"/> Department of Assistive Rehabilitative Services (DARS) <ul style="list-style-type: none"> <input type="checkbox"/> Copy given to DSS <input type="checkbox"/> Student must submit to Bursar's Office <input type="checkbox"/> DARS-Blind Services <input type="checkbox"/> Veteran's Administration <input type="checkbox"/> Social Security Administration - SSI <input type="checkbox"/> Other:
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