

University of Hawaii Center, West Hawaii

Hawaii Community College  
Ha'awi Kokua Program Services for Students with Disabilities and Academic Challenges

## INTAKE FORM FOR STUDENT WITH A DISABILITY

Semester/Year \_\_\_\_\_ First Semester \_\_\_\_\_ Vision \_\_\_\_\_  
\_\_\_\_\_ Major \_\_\_\_\_ Mobility/Orthopedic \_\_\_\_\_  
\_\_\_\_\_ Education Goal \_\_\_\_\_ Hearing \_\_\_\_\_  
\_\_\_\_\_ Employment Goal \_\_\_\_\_ Speech \_\_\_\_\_

*\*The student who will attend HAWCC must complete this form.*

1. Name \_\_\_\_\_  
Last First M.I.

2. Mailing address \_\_\_\_\_

3. Email address \_\_\_\_\_

4. Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell/pager) \_\_\_\_\_

5. Emergency contact (name & ph #) \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

7. Female \_\_\_\_\_ Male \_\_\_\_\_ Ethnicity \_\_\_\_\_ Marital status \_\_\_\_\_

8. Disability \_\_\_\_\_

**(Documentation of disability will be necessary for your file)**

Is disability temporary? (explain) \_\_\_\_\_

Onset date of disability \_\_\_\_\_

9. Explain limitations resulting from above disability:

\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_

Effects of Medications \_\_\_\_\_

Medical Doctor: Name \_\_\_\_\_ Phone /Fax \_\_\_\_\_

Other Doctor: Name \_\_\_\_\_ Phone/Fax \_\_\_\_\_

May we contact these doctors? Yes/No: if yes, which ones: \_\_\_\_\_

10. Explain how your disability could affect your academic performance:

\_\_\_\_\_  
\_\_\_\_\_

11. What high school did you attend? \_\_\_\_\_

Do you have a high school: Diploma \_\_\_\_\_ GED \_\_\_\_\_ Certificate \_\_\_\_\_

Were you in any Special Education classes, and if so, which ones? \_\_\_\_\_

Describe the accommodations made for you in high school \_\_\_\_\_

\_\_\_\_\_  
List any special equipment provided: \_\_\_\_\_

12. What challenges or problems occurred while you were in school? \_\_\_\_\_  
\_\_\_\_\_

13. What challenges may occur in the college classroom? \_\_\_\_\_  
\_\_\_\_\_

14. What challenges may occur here at the HAWCC campus? \_\_\_\_\_  
\_\_\_\_\_

15. Please identify areas where you have the most challenges:  
Reading \_\_\_\_\_ Writing \_\_\_\_\_ Hearing \_\_\_\_\_  
Speaking \_\_\_\_\_ Transportation \_\_\_\_\_ Testing \_\_\_\_\_

16. What is your knowledge of adaptive technology or assistive devices? \_\_\_\_\_  
\_\_\_\_\_

17. List any specialized support services you receive from other agencies: (i.e., DVR, Medical, Counseling, VA Center, Rehab Programs, etc.). Please indicate their name and phone #:  
\_\_\_\_\_  
\_\_\_\_\_

Whom in the above list may we contact for consultation? \_\_\_\_\_

18. Although we keep your information confidential (we do not share with instructors or anyone else your disability), is there any information you would like the HK program to share with your instructors (please provide specifics): \_\_\_\_\_  
\_\_\_\_\_

19. What information will you discuss with your instructors? \_\_\_\_\_  
\_\_\_\_\_

20. Are there any other challenges, or talents/skills, that may hinder or help you in college? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the above information is protected under the Family Educational Rights and Privacy Act of 1974, within the Hawaii Community College.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***\*Please write a paragraph, in your own handwriting, describing why you want to attend HAWCC. This will be used as a handwriting sample.***