

**YESHIVA UNIVERSITY  
Office of Disability Services**

**INTAKE FORM**

Name: \_\_\_\_\_ School/Program: \_\_\_\_\_ ID: \_\_\_\_\_

Phone(Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Please check the relevant category (ies) that best describes your disability:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Learning Disability (LD)</b>         | <input type="checkbox"/> <b>AD/HD</b>                             |
| <input type="checkbox"/> <b>Mobility/Orthopedic Impairment</b>   | <input type="checkbox"/> <b>Emotional Disability</b>              |
| <input type="checkbox"/> <b>Chronic and/or Medical Condition</b> | <input type="checkbox"/> <b>Visual and/or Auditory Impairment</b> |
| <input type="checkbox"/> <b>Other</b> _____                      |   |

Please list the specific difficulties you experience related to your disability that may impact your education experience here:

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Please list any services/accommodations that you received at any previously attended school:  
*(Please note that such services do not necessarily carry over to your current program)* \_\_\_\_\_

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What specific accommodation(s) are you requesting? \_\_\_\_\_

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This document will serve as written authorization for ODS to share information with university officials as it deems necessary in order to consider and implement your accommodations.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_