

CODE

YESHIVA UNIVERSITY

Office of Disability Services

INTAKE FORM

NAME :	<input type="checkbox"/> M <input type="checkbox"/> F	ID:
PROGRAM:	<input type="checkbox"/> Stern <input type="checkbox"/> SSSB <input type="checkbox"/> YC <input type="checkbox"/> RIETS <input type="checkbox"/> WSSW	
EMAIL:	PHONE:	

DISABILITY DESCRIPTION

Check all that are applicable:	<input type="checkbox"/> Learning Disability (LD)	<input type="checkbox"/> Attention Deficit (Hyperactivity) Disorder
	<input type="checkbox"/> Mobility/Orthopedic Impairment	<input type="checkbox"/> Emotional Disability
	<input type="checkbox"/> Chronic and/or Medical Condition	<input type="checkbox"/> Visual and/or Auditory impairment
	<input type="checkbox"/> Other	Please Specify:

I have attached necessary documentation including reports and exam results explaining my disability, the functional limitations related to my disability and recommendations for reasonable accommodation(s). I understand that the University will review my documentation as part of the process in making a determination regarding my accommodation request.

Date of Documentation:

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)*

What specific accommodations(s) are you requesting?

I hereby grant permission to the ODS to discuss my disability with faculty, staff, and my parent(s) if necessary.

Student Signature	Date
Signature of ODS Official	Date

Please click one to email form:

[Wilf ODS](#)

[Beren ODS](#)

Or print and send to: Wilf c/o Mrs. Abby Kelsen
 116 Laurel Hill Terrace, Suite B
 New York, NY 10033
 Fax: (646) 685-0116

Beren c/o Dr. Rochelle Kohn
 215 Lexington Avenue, Room 520
 New York, NY 10016
 Fax: (917) 326-4811