



Disability Resources

The Dalles, 400 E. Scenic Drive, The Dalles, OR 97058
Hood River, 1730 College Way, Hood River, OR 97031
TD 541-506-6011 HR 541-308-8211, www.cgcc.cc.or.us

DISABILITY RESOURCES INTAKE FORM

Name _____ Date _____
First Middle Last

Student ID _____ Birth date _____

Local Mailing Address _____

Primary Phone Number _____
Home Cell

When do you plan to take your first class at CGCC? _____

What are your educational goals? _____

Where will you take the majority of your classes? The Dalles Hood River Online

How many credits do you plan to take each term? 0-6 (1/4 time) 6-9 (1/2 time)

9-11(3/4 time) 12+ (full time)

Please check the following that apply to you: Vocational Rehab. Veteran Running Start/Ex. Options

Financial Aid Yes No Pre College/GED

<i>For Office Use Only</i>	
Date Received _____	Entered into Roguenet _____
Documented Disability:	

Notes:	

Additional questions on the back page.

What do you believe your disability is or disabilities are?

What accommodations or help do you need?

Classroom Access _____

Testing Accommodations _____

Assistive Technology _____

Deaf or Hard of Hearing _____

Alternative Format _____

Physical Access _____

Other _____

Signature _____

Date _____