



**New Referral Intake &
Request for Academic Accommodation**

Today's Date: _____

Services requested for: _____ Semester ____ Year

Original Admission date: _____ Semester ____ Year

Program/Degree: _____

BIOGRAPHICAL INFORMATION

Name: _____
 First Middle Last

SSN or ID #: _____

Address: _____
 Street Apt. #

City State Zip

(____) _____ (____) _____
 Phone Alternate Phone

Email: _____

DISABILITY INFORMATION

Medical Definition: _____ **Date Of Onset/Diagnosis:** _____

- 1. _____
- 2. _____

Services for Students with Disabilities

You must provide professional documentation of your disability in order to qualify for academic accommodations. Accommodations can only be provided after these conditions are met. **Documentation guidelines** may be obtained from the office of Student Services.

To help us if we need to work with appropriate agencies or advise you about financial procedures, please indicate if you are receiving assistance from:

- () Department of Rehabilitation Services
- () Veterans Administration - What state? _____
- () Other

Name of Counselor/Agency _____

Phone (_____) _____

ACCOMMODATIONS

You must provide AGTS a copy of the Academic Accommodation Plan you're your undergraduate program. If you did not have a formal plan, please must provide the name and contact information of the person who coordinated your accommodations in the undergraduate program, and a list of services provided.

Previous Accommodation Plan provided? _____ YES _____ NO

If no, please list the Academic accommodations received in your undergraduate program:

- a) _____
- b) _____
- c) _____
- d) _____

What assistive technology/mobility devices do you have for personal use?

- a) _____
- b) _____
- c) _____

Services for Students with Disabilities

Please list any reasonable accommodations that you would like to request.

- a) _____
- b) _____
- c) _____
- d) _____

Please note any additional information that may assist the Student Services with providing you with reasonable accommodations.

CONFIDENTIALITY

Any information shared will be kept **confidential** and will not be shared except where disclosure is required by law or is necessary to facilitate legitimate Seminary processes, including granting appropriate accommodation, addressing direct threats or investigating claims or charges.

Signature of Student or Designated Representative

Please return this form to:

AGTS
Office of Student Services
1435 N. Glenstone Ave
Springfield, MO 65802
Fax: 417-268-1001