



Accessibility Center for Education

INTAKE FORM

Name (Last, First): _____

W Number # (Chabot College Student ID number): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth ____/____/____ Gender / preferred pronouns: _____

Student's Phone: Home _____ Mobile _____

Student's Email: _____

Emergency Contact Name and Relationship: _____

Emergency Contact Phone: _____

What is your major or educational objectives at Chabot College?

Disability or Limitation: _____

Are you a client of:

Counselor's name: _____

State Department of Rehabilitation

Regional Center of the East Bay

Have you applied for financial aid through FAFSA or the California College Promise Grant fee waiver (formerly the BOG fee waiver)? Yes No

Are you a part of other special programs at Chabot? Yes No

If yes, please include name of program: _____

(Aspire, CalWORKS, CARE, EOPS, Excel, Guardian Scholars, MESA/Trio STEM, PACE, Puente, Umoja, RISE, or Veterans)

Have you attended any other college besides Chabot college? Yes No

If yes, have you received assistance from Disabled Student Services?

College: _____ Qtr/Sem & year: _____

Accommodations/ services? _____

Please check which semester and year you will begin or resume classes.

Summer Fall Spring 20 ____

Signature _____ Today's Date: ____/____/____

Please remember to update this form once per year. Thank you!