



New Jersey City University
Office of Specialized Services for Students with Disabilities
STUDENT CLIENT INTAKE FORM

Please return form to: Jennifer Aitken (jaitken@njcu.edu) or Leah Jackson (ljackson1@njcu.edu)
Education and Professional Studies Building Room 343/340
Phone: 201-200-2557 or 201-200-2091 Fax: 201-200-3083

Please attach appropriate and recent documentation of your disability if it is not currently on file with the OSS.

Please Print

Name: Gothic ID#:

SSN#: DOB:

Address: Email Address:

City: State: Zip Code:

Phone:

NJCU Advisor/Mentor:

OSP Counselor (if applicable):

If you are a client of DVR or the Commission for the Blind please provide your counselor's name and contact information:

What is the nature of your disability? (Check all that apply):

- Cardiovascular Disease
Diabetes
Epilepsy
Hearing Impairment
Other (Please describe):
Learning Disability
Mobility Impairment
Visual Impairment
Psychological/Psychiatric Disability

What type(s) of accommodation(s) did you receive in high school or previous undergraduate institutions you have attended?

Blank lines for accommodation information

Please also complete the enclosed accommodation request form if you wish to request accommodations for the current semester. Please submit all accommodation request forms within the first two weeks of the semester (or prior to the start of the semester).



OFFICE OF SPECIALIZED SERVICES FOR STUDENTS WITH DISABILITIES
PROJECT MENTOR: REGIONAL CENTER FOR STUDENTS WITH LEARNING DISABILITIES

CONFIDENTIAL

ACCOMMODATION REQUEST FORM

Please note this form must be completed every semester and should be submitted within the first two weeks of the semester (or before) in order for you to receive your accommodations.

Name: _____ Gothic ID#: _____
Date: _____ Semester: _____

Please list the accommodation(s) you are requesting for the current semester: (i.e., extended time for testing, sign language interpreter, assistive technology, books in alternate format, etc.). Please also indicate the **classes** for which you will require these accommodations.

Please indicate whether you prefer to have your accommodation request forms sent to your instructors via the NJCU campus mail (please note delivery can take several days) or whether you prefer to hand deliver the forms directly to your instructors. *Please place a check mark next to the appropriate response listed below. If you prefer to deliver the forms yourself, please schedule an appointment with a member of the OSS/Project Mentor staff to designate a time to pick up the forms. You may contact the office at 201-200-2557 or via email at jaitken@njcu.edu. Project Mentor students should contact Ms. Jackson at 201-200-2091 or via email at ljackson1@njcu.edu.*

 I prefer to have my accommodation request forms sent to my instructors via the NJCU campus mail. I give the OSS/Project Mentor staff permission to send accommodation request forms directly to my instructors.

 I prefer to personally deliver the forms to my instructors. I will contact the OSS/Project Mentor staff members listed above to schedule an appointment to pick up the completed forms.

Please refer to our website www.njcu.edu/pmentor for our office policies and procedures for requesting testing accommodations and/or assistive technology. The information is available under the link OSS/Project Mentor Student Resources (forms).

I hereby agree to immediately report to The Office of Specialized Services/Project Mentor any schedule changes and/or class sessions for which I will not need the above accommodation(s). I understand failure to do so may result in the withdrawal of the above accommodation(s) for the remainder of the semester.

Signature

Date

FOR OFFICIAL USE ONLY (Do not complete this section)

Received By: _____ Date: _____

