

Adaptive Educational Services
Indiana University Purdue University Indianapolis
Joseph T. Taylor Hall
815 W. Michigan St., Suite 100
Indianapolis, Indiana 46202

OFFICE USE ONLY:

- Contact Housing
- Contact Auxiliary Services
- AMM Forms

INTAKE APPLICATION

GENDER PRONOUNS: He/His/Him She/Her/Hers They/Them/Theirs **Other** _____

Name: _____ **Birth Date:** _____

Address: _____ **Student ID:** _____

_____ **Phone:** (____) _____

Cell: _____ **E-Mail:** _____

Please check if you are receiving assistance from any of the following:

- Indiana Vocational Rehabilitation Services Veterans Administration
- Other Agencies _____

ACADEMIC INFORMATION: Major: _____ Minor: _____ School: _____

I plan to be enrolled: Full Time Part Time Only take on-line courses

Please list any other colleges attended and support services you received:

DISABILITY INFORMATION:

What is the nature of your disability/diagnosis? _____

What accommodations are you requesting? _____

Do you need a housing accommodation? Housed Currently? _____

If Deaf/hard of hearing, do you use: Sign Language Interpreters Lip Reading
Hearing Aids Other Which is your preferred mode of communication? _____

If visually impaired, do you use: Screen Reader Capable/ Electronic Files Enlarged Print
or Braille? Other? _____

In case of an emergency, who should we contact to authorize medical care? _____

Phone: _____ What medications are you currently on? _____

Student Signature _____ Date _____

AES Staff Signature _____ Date _____



IUPUI

**ADAPTIVE EDUCATIONAL
SERVICES**

OFFICE OF DIVERSITY, EQUITY AND INCLUSION

Indiana University-Purdue University
Indianapolis

Memo of Conversation

Name: _____ Student ID#: _____

Date: _____

Discussion: