



Disability Services

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Intake Procedure

Appointment Information: Intake appointments may take up to an hour long. If you arrive more than 15 minutes late, we will need to reschedule your appointment for a later date. If you need to cancel or reschedule your appointment, please make every effort to give 24-hour notice by calling the number above.

Directions for Intake

1. The student requesting services should schedule the intake appointment and complete all relevant areas of the Intake Form (Page 2 of this form) before the intake appointment.
2. All information is kept confidential.
3. Please submit documentation of your disability directly to Elizabeth Atkinson prior to attending your intake appointment so that it may be reviewed in time for your meeting.
4. Together, the student and the coordinator will determine reasonable accommodations.

Documentation Guidelines:

Students who seek accommodations from Disability Services are required to submit current documentation to verify eligibility as defined under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

- The documentation is the most recent information on the student's area(s) of disability. Psychiatric documentation should be current within 1 year.
- The documentation is provided by a qualified provider such as a licensed psychologist, a medical doctor, or a licensed therapist knowledgeable about the student's specific functional limitations related to the disability. A copy of an IEP is not sufficient.
- Learning disability evaluation reports must include the diagnostic criteria, testing results, symptoms, impact on student learning, and recommendations.
- Documentation verifies the students' disability; provides specific details on functional limitations and/or symptoms associated with disability; provides recommendations for reasonable accommodations from a qualified provider, and describes how accommodations mitigate the impact of the students stated disability.

Intake Form

Student Demographic Information:

Today's Date _____ Date of Birth ____ - ____ - ____ EMCC ID _____

Name _____
First Middle Last

Gender: _____

Student Type: Prospective Current Transfer / Other: _____
 Summer Student Only / Visiting Student from: _____

Enrollment Status: First Year Second Year Third Year Fourth Year plus

Matriculation Status: Matriculated (Enrolled in a degree program): **Program/Major:** _____
 Non-matriculated/Non-Degree

Permanent Address

Street _____

City _____ State _____ Zip _____

Phone _____ EMCC Email _____

Cell Phone _____ Do you live on campus? Yes No

Disability Category: Please check any that apply to you:

Learning Disability

ADD/HD

Neurological Disability

Blind/Low Vision

Autism Spectrum Disorders

Deaf or Hard of Hearing

Head Injury / TBI

Temporary Disability / Injury

Mobility Disability

Psychological/ Emotional

Chronic Health-Related

Other _____

Do you need assistance acquiring documentation regarding your disability? yes no

Please describe the impact of your disability or impairment and how it affects you in the classroom and in campus life:

Please identify accommodations and/or auxiliary aides that you are requesting or if you would like recommendations for accommodations:

I give EMCC Disability Services permission to release information related to the nature of my disability and functional limitations that might help my instructors, the Academic Dean's office, the Dean of Student Life, and my academic advisor(s), to understand my disability and provision of accommodations. This will be in effect until I submit in writing restrictions related to the release of disability information.

By signing my name below, I agree to the above statement:

Signature of Student

Date