

LAFAYETTE COLLEGE

Academic Resource Hub • Accessibility Services

Easton, Pennsylvania 18042-1773 USA • TEL 610-330-5098 • FAX 610-330-3065 • hub.lafayette.edu

ACCESSIBILITY SERVICES STUDENT INTAKE FORM

PERSONAL INFORMATION

- Name (Last Name, First Name):
- Optional Preferred Name:
- Pronouns:
- Student ID (LNumber):
- Date of Birth:
- Lafayette Email Address:
- Phone Number:

DISABILITY INFORMATION AND CURRENT IMPACT

Primary Disability:

Secondary Disability(ies):

1. In your own words, please describe how your disability(ies) impacts your daily life and education:
2. How long have you been treated with this/these disability(ies)?
3. Are you active in any form of treatment? If yes, what kind and how often?

