



VCU

Student Accessibility and Educational Opportunity

Student Affairs

The Intake Process

Virginia Commonwealth University (VCU) is committed to providing reasonable accommodations for students with documented disabilities or health-related needs as recognized under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. Our mission is to create inclusive and accessible learning environments and to facilitate academic success through innovative services and programs in partnership with faculty, staff, and students at VCU. We assess requests for accommodations on a case-by-case basis and have established policies and procedures designed to ensure equal access to all VCU programs, activities, and facilities. Requests for accommodations will be addressed on a rolling basis and it is recommended that students begin the process a minimum of 4 weeks prior to the start of classes.

In order to register with The Office of Student Accessibility and Educational Opportunity (SAEO) at VCU, any interested student must go through the following three-step process.

1. Intake Form

We prefer that you complete an electronic intake form on our website. Upon request, a paper version can be made available. This step provides students an initial opportunity to describe their disability in their own words, indicate which accommodations they may be seeking (if known), and provide contact information. This information helps guide the intake meeting.

2. Documentation

All students seeking accommodations must provide documentation from a qualified healthcare professional confirming a diagnosis and detailing the functional impairment of a disability or health-related issue. If you need copies of the documentation guidelines, please contact SAEO or visit our website at <http://www.saeo.vcu.edu/registration/>. It is very important that your documentation satisfy the SAEO requirements. Documentation may be submitted to SAEO by a student or it may be sent directly from a service provider (physician, therapist, previous school/institution).

Documentation may be delivered in person or sent by email, fax, or mail to the following:

Attn: Student Accessibility and Educational Opportunity

University Student Commons, Suite 102

907 Floyd Avenue

P.O. Box 842529

Richmond, VA 23284-2529

Email: saeo@vcu.edu

Fax: (804) 828-1944

3. Intake Meeting

Once SAEO has received an intake form and documentation from a student, these materials will be reviewed by a case manager. If it is determined that documentation does not meet our guidelines or if additional information is needed, the case manager will contact the student to discuss next steps. If the documentation meets guidelines and it appears the student is eligible for accommodations, the case manager will schedule an initial intake meeting with the student to establish reasonable accommodations and officially register with the SAEO office.

A Note on FERPA and Confidentiality

SAEO is committed to protecting the privacy and maintaining confidentiality for all students who disclose sensitive information to our office. It is important that students are aware of their rights in this regard and the limitations on confidentiality. SAEO generally does not provide information from student records to any individual outside of the office unless the student requests that we do. In certain limited circumstances, however, SAEO may disclose information from your records to another VCU official, for example, when it would be necessary to enable the provision of reasonable accommodations or support. If you have any questions about use or disclosure of your specific records by SAEO, please ask your case manager.

For more information regarding VCU's obligation to protect student information under the Family Educational Rights and Privacy Act (FERPA), you may wish to consult the Records and Registration website at <http://rar.vcu.edu/records/family-educational-rights-and-privacy-act/>



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Intake Form

Please complete the following intake form in order to begin the registration process with VCU SAEO (serving Monroe Park Campus). In addition to this intake form, you will also need to provide documentation and complete an intake with your case manager. If, for any reason, this form is not accessible to you, please contact SAEO at saeo@vcu.edu or (804) 828-2253. You may also complete this form digitally using the fillable version on our website.

Date: _____

General Information

Name: _____ V#: _____ Date of Birth: _____

Pronouns of Use:

- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- Other: _____

Preferred Name: _____

Please note the first name that you would like for us to use when working with you.

Cell: _____

VCU E-Mail: _____

Current Status:

- Incoming Freshman
- Freshman
- Sophomore
- Junior
- Senior
- Graduate
- Other: _____

Major: _____ **Academic Advisor:** _____

Accommodation requested beginning in: Fall Spring Summer of year: _____

Disability Information

What is your diagnosed disability/disabilities? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Blind/Visual Impairment |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Psychological/Psychiatric | <input type="checkbox"/> Medical/Chronic Health |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf/Hearing Impairment | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Other: _____ | |

Please indicate level of limitation you experience as a result of your disability/condition, with 1 being no impact and 5 being substantial impact.

Major Life Activity	Rating	Learning/Executive Functioning	Rating
Caring for Oneself	1 2 3 4 5	Memory	1 2 3 4 5
Talking	1 2 3 4 5	Concentrating/Focus	1 2 3 4 5
Hearing	1 2 3 4 5	Listening	1 2 3 4 5
Seeing	1 2 3 4 5	Organization/Planning	1 2 3 4 5
Walking	1 2 3 4 5	Managing Distractions	1 2 3 4 5
Standing	1 2 3 4 5	Timely Submission of Assignments	1 2 3 4 5
Lifting/Carrying	1 2 3 4 5	Attending Class Regularly	1 2 3 4 5
Sitting	1 2 3 4 5	Making/Keeping Appointments	1 2 3 4 5
Performing Manual Tasks	1 2 3 4 5	Reading	1 2 3 4 5
Eating	1 2 3 4 5	Writing	1 2 3 4 5
Working	1 2 3 4 5	Spelling	1 2 3 4 5
Interacting with others	1 2 3 4 5	Quantitative Reasoning (Math)	1 2 3 4 5
Sleeping	1 2 3 4 5	Processing Speed	1 2 3 4 5
Managing stress	1 2 3 4 5	Other	1 2 3 4 5

Please describe your disability/condition and how it impacts you as a student: _____

Please describe how your disability impacts nonacademic areas of your life: _____

Do you use any form of assistive equipment, technology, or auxiliary aids on a regular basis? If so, describe: _____

Is there any additional information you feel would be helpful for us to know to provide reasonable accommodation for your disability? _____

Service/Support History

Did you have an IEP/504 Plan/accommodations in High School? Yes No Not Sure

Did you receive accommodations at previous university? NA Yes No Not Sure

Please indicate any accommodations or support services you received in high school or at a previous university/college: _____

Are you currently receiving disability-related services from, or working with, any outside agencies?

Yes No Not Sure

If so, please describe: _____

Accommodations Request

Please list the disability-related accommodations that you are interested in discussing with a SAEO case manager (please note, course substitutions, housing, dining, and animal-related accommodations will require an additional request form): _____

Submission Verification

By checking this box, I acknowledge that I have read the documentation guidelines supplied by Student Accessibility and Educational Opportunity. I understand that I will need to supply sufficient documentation and complete an intake meeting to verify my disability before I am eligible for accommodations.

By checking this box, I acknowledge that that information contained in this form is true and accurate to the best of my knowledge.

Signature

Date