



## Intake Information Form

### Regional Assessment and Resource Centre (RARC) & Mobile Assessment Team (MAT)

Mackintosh-Corry Hall, Room B100 | 68 University Avenue, Kingston, ON K7L 3N6

P: (613) 533-6311 | F: (613) 533-6564 | E: [rarc@queensu.ca](mailto:rarc@queensu.ca) or [rarcmat@queensu.ca](mailto:rarcmat@queensu.ca)

*This section is to be completed by RARC Staff*

<b>Intake:</b>	<b>Supervised By:</b>
----------------	-----------------------

**Today's Date:** \_\_\_\_\_  
(MM/DD/YYYY)

**Please indicate below how you were referred to the Regional Assessment and Resource Centre:**

<input type="checkbox"/> Student Accessibility Services	<input type="checkbox"/> Counselling Services	<input type="checkbox"/> Secondary School
<input type="checkbox"/> Family Doctor	<input type="checkbox"/> LD Association of Ontario	<input type="checkbox"/> Other:

**Please complete all fields below:**

**Full Name:** \_\_\_\_\_  
(Please Print) Surname (Last Name) Given Name(s) Preferred Name

**Student Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Post Secondary) (MM/DD/YYYY)

**Gender:**  Female  Male  Other **Preferred Pronouns:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_  
Street # and Name City Postal Code

**Permanent (Family) Address:** \_\_\_\_\_  
(If different from above) Street # and Name City Postal Code

**Emergency Contact Information:** \_\_\_\_\_  
(This must be filled in) Name Relationship Phone Number

**Please indicate your current academic status:**

<input type="checkbox"/> High School Student	<input type="checkbox"/> College/University Student
--	---

**Name of High School:** \_\_\_\_\_ **Current Grade / Last Grade Completed:** \_\_\_\_\_

**Which College/University are you enrolled in?:** \_\_\_\_\_

<b>Program:</b>							
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time	<b>Year:</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Other:

**For which term(s):**  Fall (Sept-Dec)  Winter (Jan-Apr)  Spring (May-Jun)  Summer (Jul-Aug)

**How many courses per term?:** \_\_\_\_\_