



Student Intake Form

Special Needs Services

Date: _____

I- Personal Information

- Full Name:
- Qatari ID:
- Student's ID:
- E-mail:
- Mobile Number:
- High School:
- Disability/Condition:
- Emergency Contact Number:
- Relationship:

II- Information about Difficulties and Special Needs

Please mention the type of your disability and how it affects you academically

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What type of services did you receive in school/ at Qatar University?

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Do you have a medical report? Yes () No ()

Do you take a specific medication? Yes () No ()

Please mention the medication you take

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If there is a medication that affects your concentration, please state its name and mention the way it affects your academic performance

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If you have any advice from your attending physician, please mention it

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If there are any procedures recommended by your attending physician for emergency medical conditions, please mention them

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Do you give consent for Special Needs Services to share information related to your case with CCQ faculty and staff?

Yes () No ()

III- Security and Safety

Do you need assistance during an emergency evacuation? Please indicate the type of assistance.

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Notes of the Counseling and Special/Social Needs Section

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The student’s absence from the English Language Program or from all the courses registered in the semester (transitional level or college level) for a period exceeding the allowed period of absence (12.5% of the total lectures) will result in de-enrolling the student from the semester.

Student’s Signature: