



**PACIFIC GROVE**  
**ADULT EDUCATION**

Independence Pathways Program  
**STUDENT INTAKE FORM**

<b>Student Information</b>	
Name (Last, First Middle)	
Address (Street City, Postal Code)	
Phone # (Please include area code)	
Email	
Date of Birth (dd/mm/yyyy)	
Conservatorship Status	<input type="checkbox"/> Conserved <input type="checkbox"/> Not-conserved
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Emergency Contact</b>	
Name (Last, First Middle)	
Relationship to Student	
Primary Caretaker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address (Street City, Postal Code)	
Phone # (Please include area code)	
Email	
Preferred Mode of Contact	<input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text
Additional Support System Information	

<b>Disability Information</b>	
Type of Disability	
Severity	
Any Specific Accommodations Required	

<b>Education Background</b>	
Highest Level of Education Completed	
Previous Educational Institutions Attended	

<b>Employment History (If applicable)</b>	
Previous Employment	
Skills and Interests	

<b>Health Information</b>	
Diagnosis and/or Any Relevant Medical Conditions	
Allergies	
Medications	
History of Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimation of Seizure Frequency (If applicable)	
Primary Care Provider	
Address of Primary Care Provider (Street, City, Postal Code)	

Phone # of Primary Care Provider	
Specialists (Chiropractor, Cardiologist, Nephrologist, etc.)	
Address of Specialists (Street, City, Postal Code)	
Phone # of Specialists	
Additional Health Information	

<b>Program Goals</b>	
What are your goals for participating in the program?	
Short-term goals	
Long-term goals	

<b>Additional Information</b>	
How did you hear about our program?	
Any other information you think would be important for us to know	

I consent to the use of the information provided on this form for the purposes of the Adults with Disabilities Independence Pathways Program, and to share the student IPP process with SARC (San Andreas Regional Center).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_