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A Multi-Specialty Behavioral Health Practice

DACTA Intake Form
Documenting Accommodations for Colleges and Testing Agencies

Your name: _____ DOB: _____

Name of your school/current year: _____

What test(s) are you seeking accommodations for? _____

When will that test be administered? _____ Application deadline? _____

What accommodations are you requesting? _____

Have you already applied and been denied accommodations? Yes No

What diagnosed conditions do you have that create a need for accommodations? _____

Please describe any formal or informal history of testing accommodation use:

Test/Setting	Accommodations Used	
Grades 1 - 8		
High school		
ACT/SAT		
College		
MCAT, LSAT or GRE		
Graduate or Professional School		

If you have never used testing accommodations in the past but need them now, please explain why this is: _____

Describe the difficulties you have in testing situations that lead to your desire to request accommodations. _____

Do you currently have access to anyone who can teach you effective test-preparation and test-taking strategies? _____

Thank you. Please submit this completed Intake form to CRG at least one day prior to your intake meeting with Dr. David Parker. If possible, please also submit the following information at the same time:

- ___ your MCAT, LSAT or GRE scores
- ___ a copy of your most recent diagnostic evaluation report
- ___ a completed CRG Release of Information form (ROI) for the professional who wrote the evaluation report
- ___ a copy of the denial letter in response to your accommodation request
- ___ CRG'S Adult Questionnaire