



Learning Support Services (LSS) - LA 104
4800 East Huron River Drive
Ann Arbor, Michigan 48105

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ACCOMMODATION REQUEST INTAKE FORM

(Please complete for LSS Records)

Date _____

Term: Fall _____ Winter _____ Spring _____

Intakes received for Fall will be processed beginning July 1

Name _____
(Last) (First)

Date of Birth _____

Gender: F M

Student ID @00 _____

Telephone Number _____

WCC Email Address _____

I received a copy of LSS Services and Student Responsibilities

PLEASE IDENTIFY/DESCRIBE THE NATURE OF THE ACCOMMODATION(S) REQUESTED.

LIST THE COURSE(S) FOR WHICH YOU ARE REQUESTING SUPPORT

Course Name/Number	Course Name/ Number

Student Signature (Required)

Date

SUPPLEMENTAL INFORMATION

PLEASE CHECK ALL THAT APPLY

Documented Disability

- | | |
|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Autistic Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Motor Impairment |
| <input type="checkbox"/> Emotional Impairment | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Hand Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other _____ | |
- Did you have an IEP (Individual Education Plan in High School)? _____
- Do you have a Vocational Rehabilitation Counselor? _____
- You do not have a documented learning disability, but need to be tested? _____

Limited English Speaker (ESL)

Is English your first language?

- Yes No

If no, what is your native language? _____

FOR OFFICE USE ONLY

Educational Program: _____

ECO: ESL: GEN: