DISABILITY ACCOMMODATION REQUEST INTAKE FORM

Each semester:
1) Submit completed Intake Form
2) Schedule an appointment (phone or in person) with a Program Specialist

Term: Fall _____ Winter _____ Spring ______ Date_______________________
Indicate year (Choose only one)

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
Link: wccnet.edu/lss-student-responsibilities

PLEASE IDENTIFY THE ACCOMMODATION(S) REQUESTED DUE TO A DISABILITY:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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Student Signature (Required) ___________________________  Date ___________________________

(Continued on page 2)
SUPPLEMENTAL INFORMATION
PLEASE CHECK ALL THAT APPLY

Documented Disability

☐ ADD/ADHD ☐ Hearing Impairment
☐ Autistic Impairment ☐ Learning Disability
☐ Cognitive Impairment ☐ Motor Impairment
☐ Emotional Impairment ☐ Speech Impairment
☐ Hand Impairment ☐ Traumatic Brain Injury
☐ Health Impairment ☐ Visual Impairment
☐ Other_________________________________________________

☐ Did you have an IEP (Individual Education Plan in High School)?_________________________
☐ Do you have a Vocational Rehabilitation Counselor? _________________________________

(Accommodations Provided Only for Documented Disabilities)

(For Statistical Purposes Only)

(ESL) Limited English Speaker
Is English your first language?
☐ Yes ☐ No

If no, what is your native language? ________________________________________________

FOR OFFICE USE ONLY

Appointment:
Date:____________ Time:____________ Type:____________
(Phone or In Person)

Educational Program:____________________________________

ECO: ☐ ESL: ☐ GEN: ☐